

h21000337171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 JUL 18 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Carpentry and Renovations LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James M. Holland

, Louise Holland

Name of Person

Custom Carpentry and Renovations LLC

Firm/Company

1920 Firemens LN

Address

Deltona, FL 32738

City/State and Zip Code

Michaelholland@cfl.rr.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Louise Holland

407 687-6911

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Custom Carpentry and Renovations LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/26/2021 and assigned
Florida document number L21000337171.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Louise Holland

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Louise Holland

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	James M. Holland	1920 Fioremens LN	<input type="checkbox"/> Add
		Deltona, FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Louise Holland	1920 Firemens LN	<input checked="" type="checkbox"/> Add
		Deltona, FL 32738	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

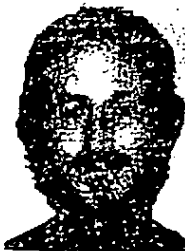
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 18 4:08:53 PM

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Florida

DRIVER LICENSE



H453-453-85-224-0

CLASS E

1 HOLLAND
2 JAMES MICHAEL
3 1048 WAKEFIELD CIR
4 DELTONA, FL 32725-0000

5 DOB 06/24/1985 SEX M
6 EXP 06/24/2030 HGT 5'-08"
7 RES NONE 8 END A

9 SS 01/13/2022

10 ID #832201130871



James Michael Holland

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

Florida

DRIVER LICENSE



H453-522-55-634-0

CLASS E

1 HOLLAND
2 LOUISE BARNETT
3 1920 FIREMENS LN
4 DELTONA, FL 32738

5 DOB 04/14/1955 SEX F
6 EXP 04/14/2030 HGT 5'-00"
7 RES NONE 8 END NONE

9 SAFE DRIVER

10 SS 04/05/2022

11 ID #427204050108



Louise Barnett

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.