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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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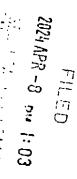
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Barn to Boach Designs, 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:
Patricia Futch
Barn to Beach Designs & Sawmill LLC
101 Myrtle Lane
Plant City/State and Zip Code 33505
barn to heach designs at vano com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Futch  Name of Person  at (813) 703 2102  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

Sary Deach C (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000353555</u>	ere filed on 85 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  Boyn to Beach Designs 3  The new name must be distinguishable and contain the words "Limited Liability"	Sawmill, UC
Enter new principal offices address, if applicable:	.:. 2
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	APR-8 Pu I:
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
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(li`an e <b>Note</b> :	tive date, if other than the date of filing: 2024 (optional) Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	3/29/ 2024
	Signature of a member or authorized representative of a member
	Potricia m Fletch

\*\*\*\*\*

Filing Fee: \$25.00