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A PROCE

COVER LETTER

	Registration Sect Division of Corp				
end lezy	New Possibil	ities LLC			
SUBJECT	1:	Name of Lim	ited Liability Company		
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please rett	urn all correspon	dence concerning this matter	to the following:		
		Matthew Carberry			
			Name of Person	- · · · · · · · · · · · · · · · · · · ·	_
		New Possibilities LLC			
			Firm/Company		_
		489 River Plantation Rd.			
		_	Address		_
		Crawfordville, FL 32327			2022 FEB 14 PH 3: 53
			City/State and Zip Code		一门田
		mcarb83@gmail.com			
		E-mail address: (to be used for future annual report notifi-	cation)	(C) 19
For further	r information cor	ncerning this matter, please ca	ıll:		ب
Matthew (Carberry		315 604-0979 at ()		55
	Name of F	Person		Telephone Numbe	or
Enclosed i	s a check for the	following amount:			
\$25,00	9 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Possibilities LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on 09/08/2021	and assigned
lorida document number L21000399191		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ted liability company here:	
New Possibilities Trim Carpentry LLC		20
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	or the abbreviation L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		第二星 为
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inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	l office address on our records, enter	the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	<u>, , , , , , , , , , , , , , , , , , , </u>
	Fla	orida
	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:

OI TEHIOV	cu it oin out i	ecorus.			
MGR =	Manager				

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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Tective date, if other than the an effective date is listed, the date mu	e date of filir	ig:	or to date of fil	ng or more tha	option	i al) tine) Pursuant to	. 605 0207 (3)(b
ote: If the date inserted in this bocument's effective date on the D	lock does not	meet the appl	icable statuto	ry filing requ	irements, this c	late will not be	listed as the
record specifies a delayed effective is filed.	ve date, but no	ot an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day	after the
January 27th		2021					
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