122000098439

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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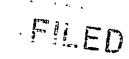
COVER LETTER

			•
Division of Corporations			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	.) o se 2	Name of Person	
		Firm/Company	
	802 EM.1	Address	
	Fort Pierce	FL 34/922 City/State and Zip Code	······································
	de se grandi address:	594 D Yahaa Cam (to be used for future annual report notif	fication)
For further information co	ncerning this matter, please o	all:	
·- · • · · · · · · · · · · · · · · · · ·	Person	at (<u>773</u>) <u>(a) 3-0</u> Area Code Daytime	5435 e 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



Tracsure Coast Trim	mine LLC	ZUZZ MAR 21 PM 3: 20
(Name of the Limited Liab	pility Company as it now appears on o	our records)
Treasure Coast Trim (Name of the Limited Liab (A Flor	rida Limited Liability Company)	TALLAHASSEE, FI
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>LJJ00008439</u>	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Trasave Coast Finish The new name must be distinguishable and contain the words "I	Carpentry LLC	tion "I I C" or the abbraulation "I I C"
The new name must be distinguishable and contain the words it.	cinined Elabinty Company, the designa	mon like of the aboveviation like.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registe		ds, enter the name of the new registered
agent and/or the new registered office address here	<u>c</u> :	
Name of New Registered Agent:		
New Registered Office Address:	district of the Phil	
	Enter Florida st	reet address
		. Florida
	City	, Florida 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 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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			Петюve
			☐ Change
			
			□ Remove
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fective d	ate, if other than	the date of filing	::			(optional)	
	ate, if other than that is listed, the date is date inserted in this							
	effective date on the				ming requirer	nems, uns dai	e will not be il	isicu as
	cifies a delayed effe	ctive date, but not	an effective ti	me, at 12:01 a	.m. on the car	lier of: (b) T	he 90th day af	fter the
is filed.								
	Nucas	11/	2, 20					
ca	March	Signature of a n	3003	<u> </u>				
	1							
_	(Ž	Signature of a n	nember or author	orized represent	ative of a memb	er		
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Filing Fee: \$25.00