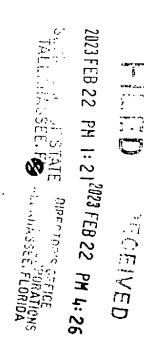
## L 2300017519

(Requestor's Name)  (Address)  (Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
hall Instructions to Filing Officer:
Office Use Only



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## **COVER LETTER**

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Mailing Address:

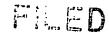
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**V** TO:

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



2023 FEB 22 PH 1:21

CK CARPENTRY & CONST	TRUCTION LLC	SEUT	STATE
Liability Company as it now a Florida Limited Liability Comp	ppears on our records any)	)	SEE, FL
oility Company were filed o	n <u>21131262</u>	and as	signed
ving:			
he limited liability compa	ny here:		
ds "Limited Liability Company,"	the designation "LLC"	or the abbreviation "I	L.C."
le:			
ADDRESS)			
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istered office address on o here:	ur records, <u>enter tl</u>	ne name of the ne	w registered
	<del></del>		
			<u>.</u>
Ente	r Florida street address		
City	, Flor		
	Liability Company as it now as Florida Limited Liability Compositive Company were filed on Signature Liability Company.  The limited Liability Company.  The l	bility Company were filed on 21131212  Note:  About the limited liability company," the designation "LLC"  ble:  ADDRESS)  istered office address on our records, enter there:  Enter Florida street address  Flor	Limbility Company as it now appears on our records.)   Florida Limited Liability Company)   Dility Company were filed on

## 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	Address	Type of Action
AMBL	Margaita J. Costa	2294 Ontford Street	<b>=</b> Add
		Fort (Manichte FL33952	□Remove
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ecti	ve date, if other than the date of filing: 1200/203 (optional)
cffe	ctive 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 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the properties of the properties
ıme	nt's effective date on the Department of State's records.
ord: file	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
ر _ b	760 21ST 7623
	James Matson
	— BAC03E6D28554A4
	Signature of a member or authorized representative of a member  TAMES T. MATSO  Typed or printed name of signee