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	Registration Se Division of Cor			•	
SUBJEC		eodworking LLC			
SUBJEX	~!. <u></u>	Name of Lim	ited Liability Company	_	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	atum all correspo	ondence concerning this matter	to the following:		
		Tim Smith			
		-	Name of Person		
		Smith's Woodworking LL	C		
		·	Firm/Company		
		13026 second st			
			Address	— 	
		ft myers fl 33905)23 DE ECRI	4947M
		tebo1965@gmail.com	City/State and Zip Code	2023 DEC 14 AM 10: 12 SECRETARY OF STATE TALLAHASSEE, FIL	455750 41464
		E-mail address: (to be used for future annual report notification)	- SSE 圣	
For furth	er information c	oncerning this matter, please c	all:	原の一点	توپور _غ ي
Tim Sm	ith		239 849-7886	7	
	Name o	f Person	Area Code Daytime Telephone Num	ıber	
Enclosed	l is a check for th	ne following amount:			
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Difiling Fee, ficate of Status & fied Copy onal copy is enclosed	
4	Mailing Addres	i <u>s:</u> Paction	Street Address:		

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

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

Smith's Woodworking LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>r')</u>
The Articles of Organization for this Limited Liability Company Florida document number L23000121602	y were filed on 03/08/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "ELC"	`or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE 2073
Principal office address MUST BE A STREET ADDRESS)		DEC 14
Enter new mailing address, if applicable:		SEE S
Mailing address MAY BE A POST OFFICE BOX)		- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	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>	<u>Name</u>	Address	Type of Action
mgr	Darla Hamburg-Smith	13026 second st	
		Ft. Myers , Florida 33905	≡ Remove
			□Change
mgr	Tim Smith	13026 second st	■Add
		ft myers. Florida 33905	□Remove
			2003 DECTALLAND
			SS G ERemove
			Change
			□Add
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		4 	Change
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ective date, if other than the date of filing: effective 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
e: If the date inserted in this block does not meet the applicab ument's effective date on the Department of State's records.	
•	
cord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after th
s filed.	
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Im Anita	

Typed or printed name of signee