## L23000154976

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Hartzogs General Woodworking Services 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:

Chase Hartzog	
Hartzogs General Woodworki Firm/Company  5821 Berryhill Road Address  Milton, FL 32570  City/State and Zip Code  Hartzogchase @cmail.	2024 OCT 15 AM 9 SECRETARY OF S TALLAHASSEE,
For further information concerning this matter, please call:	ouncation)
Chase Hartzog at (850) 889  Name of Person Day	3076 ime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee &	<b>№</b> \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

**Mailing Address:** 

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

Certificate of Status

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &

(additional copy is enclosed)

Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hartzugs General Woodworking Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L2300015497</u> 6	were filed on 3/28/2023 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabs  Hartzog Fence N' Plus  The new name must be distinguishable and contain the words "Limited Liabil  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "LLC."  TACT  T	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	STATE STATE	₫
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
Hew Registered Office Address.	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	, Florida	SECRETARY OF STATE  ne name of the new registered

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	Address	Type of Action
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Effective date, if other that If an effective date is listed, the da Note: If the date inserted in a document's effective date on	ite must be specific this block does no	and cannot be price of meet the appli	cable statutory fil	more than 90 days after	ional) er filing.) Pursuant to is date will not be	605.0207 listed as
he record specifies a de The 90th day after the	layed effective e record is file	e date, but n ed.	ot an effective	time, at 12:01	a.m. on the ea	arlier of
	. 01	2026	{			
Dated AUGUST	Chare	Thut's	<u>.</u> .			

Page 3 of 3