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COVER LETTER

	Registration Sec Division of Corp			
CHR IPC		TIONS L.L.C		
SUBJEC	1:	Name of Limi	ted Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		MICHAEL SCOTT		
			Name of Person	
		M.S. SOLUTIONS L.L.C		
		···-	Firm/Company	
		17414 DANSVILLE DRIV	/E	
			Address	·
		SPRING HILL, FLORIDA	34610	
			City/State and Zip Code	
		MTEXTSOLUTIONS00@		10 (1)
			to be used for future annual report noti	m(can(on)
For furth	er information c	oncerning this matter, please ca	alt:	
MICHA	EL SCOTT		352 942 6578 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	he 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 Addres		Street Address:	
	Registration !		Registration Se	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M.S. SOLUTIONS L.L.C	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03}{2}$	/31/2021 and assigned
Florida document number 1.21000150724	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company ho	<u>ere</u> :
M&T EXTERIOR SOLUTIONS L.L.C	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	r-"
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our r	ecords, enter the name of the new regis
agent and/or the new registered office address here:	
	F. 30
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	rida street address
	, Florida Zip Code
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 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>	<u>Address</u>	Type of Action
MGR	TREVOR JOHN MINER	16327 ALLIANCE LN	= Add
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			
			□Remove
			Change

M.S. SOLUTIONS L.L.C SOON	TO BE M&T EXTE	RIOR SOLUTIONS	S L.L.C	
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etive date, if other than the date effective date is listed, the date must be 11 If the date inserted in this block ment's effective date on the Depar	specific and cannot be p does not meet the app	rior to date of filing or plicable statutory fil		filing.) Pursuant to 605.02
ord specifies a delayed effective da filed.				
SEPTEMBER HTH MULLOW Sign MICHAEL SCOTT	. 2021	·		
t , , , ,	_			

Filing Fee: \$25.00