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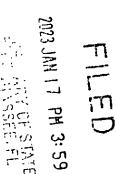
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Special Instructions to	Filing Officer:	-
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:/	ALLURE CON Name of Lim	I FRACTING (I	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	SHAWN	W ARHOR S Name of Person	R.
	ARHORS	A + SINING + S	JAPA CCC
	2170 Dec		
	Saint au	City/State and Zip Code  CHI URS/O @ GA to be used for future annual report-notif	4 FL
	SHAWNAI E-mail address: (i	OHIVRSIO (A) GA to be used for future annual report-rotif	1411. COM ication)
For further information c	oncerning this matter, please ca	ali:	
Shawr A	f Person	at (904) 547 Area Code Daytime	- 0556 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fec & 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		Street Address:	tion

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

(Name of the Limited Liability (A Florida	Y Company as it now appear Limited Liability Company)	Aryon our records.)	777 LLC	•
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf		8/11/20	20 and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company l	nere:		
The new name must be distinguishable and contain the words "Limi	sy UC		47.7	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the	designation "LLC" or		C.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>			11
			.5% (S%) (S%)	abbreviation "L.L.C."  702  A T PH 3  FINAL STATE OF THE NEW REGISTERS  me of the new registered
Enter new mailing address, if applicable:			<u> </u>	<u>D</u>
(Mailing address MAY BE A POST OFFICE BOX)			7 <u>7</u> 5	
		· · · · · · · · · · · · · · · · · · ·	<u></u>	
B. If amending the registered agent and/or registered	l office address on our	records, enter the	name of the new	registered
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	orida street address		
		, Florid		
	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

Title	<u>Name</u>	Address	Type of Action
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			☐ Change
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Effective date, it if an effective date is Note: If the date document's effective feet and feet in the date document's effective feet and feet in the	s listed, the date inserted in th	e must be speci is block does	fic and canno not meet th	ot be prior to d ne applicable	ate of filing or e statutory fili	more than 90 c	_ (optiona lays after filinents, this da	ig.) Pursuant to	605.0207 ( listed as t
e record specifies rd is filed.	a delayed effo	ective date, b	ut not an ef	fective time,	at 12:01 a.m	. on the earli	er of: (b)	The 90th day a	ifter the
Dated	12/20	23	<del></del>						
			1						
		Signatur	e of a member	er or authorize	sd representativ	e of a membe	<u></u> г		

## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT# L20000243738** 

Entity Name: ARTHUR'S A+ SIDING & SOFFIT " LLC "

**Current Principal Place of Business:** 

2170 DEER RUN RD

SAINT AUGUSTINE, FL 32084

**Current Mailing Address:** 

2170 DEER RUN RD

SAINT AUGUSTINE, FL 32084 UN

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent: ARTHUR, SHAWN W SR

2170 DEER RUN RD SAINT AUGUSTINE, FL 32084 US

The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Jan 22, 2022

Secretary of State

2244081790CC

Certificate of Status Desired: No

Authorized Person(s) Detail:

Title

MGR

Name ARTHUR, SHAWN W SR

Address

2170 DEER RUN RD

City-State-Zip: SAINT AUGUSTINE FL 32084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal affect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN ARTHUR

MGR

01/22/2022