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SECRETARY OF STATE
TALL ARASSEP, FLORIO L

# **COVER LETTER**

Division of Corpo	orations		
SUBJECT: Her	nandez 5	offit & Sidi	ng, LLC
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person	
	Hernande	7 Soffit & S	Siding LLC
	2820 Rai	line Hillor Address	
	Middlehur	S FL 320 City/State and Zip Code of FLS @ HotMa to be used for future annual report not	068
	Hernandezs E-mail address: (1	to be used for future annual report not	ification)
For further information cor	ncerning this matter, please ca	all:	
Matt Herno Name of I	and cz Person	at ( <u>904</u> ) <u>99</u> Area Code Daytin	C/ - 215   ne Telephone Number
Enclosed is a check for the	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)

Registration Section

TO:

Mailing Address:
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

(Name of the Limited Liability (A Florida L	Company as it now appears on out imited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>LO3 0004495</u>		<u>   28   20</u> and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite  Hernandez Exteriors, L  The new name must be distinguishable and contain the words "Limite"	<del></del>	ion "LLC" or the abbreviation "L.L.	·
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 MAR -4 PM 2 SECRETARY UFS	Ĭ.,
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, enter the name of the new r	<u>egistere</u>
Name of New Registered Agent:		-	
New Registered Office Address:	Enter Florida stre	vet address	
		. Florida	
<del></del>		, <b>г юпца</b> 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
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			□Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, if other is a seffective date is listed to the seffective date in seffective document's effective	ed, the date must be s rited in this block o	pecific and cannot does not meet the	e applicable stati			ng.) Pursu	
record specifies a de d is filed.	layed effective dat	e, but not an eff	ective time, at 12	2:01 a.m. on the e	arlier of: (b)	The 90th	day after th
	100						
Dated 3/3	(8/20_	<del></del>					
Dated <u>2/2</u> Ma	H Hern	ature of a member	or authorized reni	resentative of a mer	nber		