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COVER LETTER

то:	Registration Sec Division of Corp			
CUD IE		sh Siding, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		Richard Kish		
	•	-	Name of Person	
		Richard Kish Siding, LLC		
			Firm/Company	
		160 Springlake Blvd		
			Address	
		Port Charlotte, FL 33952		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		rkish62@yahoo.com		
			to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Rexford	R Koch, CPA		941 637 0544 at ()	
	Name of	Person		Telephone Number
Enclosed	l is a check for the	e following amount:		
\$25.9	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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Richard Kish Siding, LLC		
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L03000051786	Company were filed on March 8, 200-	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	TALE TALE
		A CR
		R 30
Enter new mailing address, if applicable:		O O
(Mailing address MAY BE A POST OFFICE BOX)		3 3300
		OR OR
		g € DM
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ad	dress
		Florida
	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 femoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Patrick S Kish	160 Springlake Blvd, Port Charlotte	■ Add
			Remove
			Change
		 	Add
			Remove
			Change
			Add
			Remove
			Change
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ective date, if other than	the date of filing:		(opt	ional)
effective date is listed, the date te: If the date inserted in thi sument's effective date on the	must be specific and canr s block does not meet	not be prior to date of f the applicable statut	iling or more than 90 days afte	r filing.) Pursuant to 605.020 is date will not be listed a
record specifies a dela he 90th day after the	yed effective date record is filed.	, but not an effe	ective time, at 12:01	a.m. on the earlier o
ed April 26	20	018		
	Y 0			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00