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10		istraction Se ision of Cor			ı
em	BJECT:	Wilson Sid	in and Trim, LLC		
301	DJT.C.T.		Name of Lin	rited Liability Company	
The	enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	ise return	all correspo	ondence concerning this matter	to the following:	i
			Jimmy O. Wilson, Jr.		C. 1
				Name of Person	
				Firm/Company	
			1163 South Blvd	,	
				Address	<u>.1</u>
			Chipley, FL 32428		
			<u> </u>	City/State and Zip Code	<u></u>
			wilsonjimmy47@yahoo.co		
For	further in	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)	2018
Tar	ıya Whee	ler		850 258-7900 at ()	ne Number,
		Name o	f Person	Area Code Daytime Telephor	2018 JAN 11 A II: 2 PALLATIAS TO FLORIT
Enc	losed is a	check for th	ne following amount:		II: 2
	\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W	ilson Sidin and Trim, LLC	
(Name of the Limited I (A l	Jability Company as it now appears on our records Florida Limited Liability Company)	.)
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Wilson Trim & Remodeling, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	IDDRESS)	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
 If amending the registered agent and/or registered agent and/or the new registered office 		' = '
egistered agent and/or the new registered office	address here.	2018
Name of New Registered Agent:		
		- 655
New Registered Office Address:	Enter Florida street address	
-	, Flo	rida <u>ri y</u>
New Registered Agent's Signature, if changing Regi	stered Agent:	β. ω
hereby accept the appointment as registered a		ther garee to comply with the
provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ind complete performance of my duties, and red agent as provided for in Chapter 605, F istered office address, I hereby confirm tha	d I am familiar with and S.S. Or, if this document is
		1
	If Changing Registered Agent, Signature of	New Registered Agent

MGR =	Manager		
AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		<u>-</u>	
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			□ Change
			l I □ □ Remove
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		J:	anuary 1, 2018			7		
flective date, if on effective date is	other than the date listed, the date must be s	e of filing:		of filing or more than	(option	o nal) : filing Y Po	rsuant to	605 F
<u>ote:</u> If the date i	nserted in this block c	loes not meet	the applicable st					
ocument's effecti	ve date on the Depart	ment of State	's records.					
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	fies a delayed eff		, but not an	effective time, a	at 12:01 a	a.m. on	the ea	rlie
The 90th day	after the record	is filed.						
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7/	Sign	ature of a mount	er or authorized r	epresentative of a me	mber			-
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