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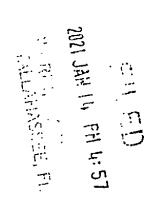
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Registration Section Division of Corporations

Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Division of Corporations The Centre of Tallahassee	ECT: Wilso	on Trim & Rer Name of Lim	nodeling, LLC ited Liability Company	
Wilson Trim a Remodeling LLC Firm/Company II Le.3 South Blvd Address Chipley FL 32428 City/State and Zip Code Wilson immy 4720 youhoo. Com Fi-michaldress: (to be used for futured annual report notification) author information concerning this matter, please call: And Wheeler Name of Person at (850) Area Code Daytime Telephone Number at (850) Certificat Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			-	
Chiplett F. 32428 City/State and Zip Code Wilson immy 47 a Yahoo . Com E-mail Address: (tybe used for future annual report notification) arther information concerning this matter, please call: Annual Meeler Seed is a check for the following amount: 25.00 Filing Fee X S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		Jimmy O.	Wilson, Jr. Name of Person	
Address Chiplet FL 32428 City/State and Zip Code Wison import 47 a Vahoo Com E-ntail Address: (tybe used for future annual report notification) arther information concerning this matter, please call: Area Code Area Code Daytime Telephone Number at (850) 258 - 7900 Area Code Daytime Telephone Number Area Code Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		Wilson Trim	a Remodeling,	uc_
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1 allanassee, FL 32514 2415 N. Monroe Street Suite XIII		7	The Centre of	-

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
Articles of Organization for this Limited Liability Company were fill da document number <u>L0400003799</u>	ed on January 2004 and assigned			
amendment is submitted to amend the following:				
f amending name, enter the new name of the limited liability con	npany here:			
new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."			
er new principal offices address, if applicable:	20			
ncipal office address MUST BE A STREET ADDRESS)	A DI			
er new mailing address, if applicable: <u>uiling address MAY BE A POST OFFICE BOX</u>)	ANSSET PH C			
If amending the registered agent and/or registered office address nt and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability upany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

₹= Manager

3R = Authorized Member

	<u>Name</u>	Address	Type of Action
BK	Jrans J. Williams	4200 Cliff Rd Groceville, FL 32440	X [Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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			□Remove
			□Change

Jim	my 0. Wikon, Jr. 8090
Geof	Frey Grow 1090
Trav	Frey Grow 1040 is J. Williams 10%
-	

effective date <u>e:</u> If the da	if other than the date of filing: <u>JONUCHU 4 2021</u> (optional) e is listed, the date must be specific and cannot be prior to date offiling or more than 90 days after filing.) Pursuant to 605,0207 (to inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to ective date on the Department of State's records.
ord specific filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed <u>Tar</u>	Signature of a member of authorized representative of a member
	Jinamy O Wikan To
	Typed or printed name of signee