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K.SALY EXAMINER JAN - 9 2013

COVER LETTER						
TO:	Registration So Division of Co		r.			
SUBJE	CT:	Name of Limi	ted Liability Company LET CHER WINDOW	4 DOOR, LLC		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		·	Name of Person Charles V. Fletch	ner-		
			Firm/Company DAVE FLETCHER	window a Door, ele		
		•	Address 8725 WORRELL	DRIVE		
		Ł-maii address: (t	City/State and Zip Code  NEW PORT RICHEY  to be used for future annual report notifical	F 34654-4915 (1011) hyfletcher@verezon.net		
For fur	ther information o	concerning this matter, please c				
		ina V Fletcher i Person	at (727) 846-135 Area Code & Daytime T			
Enclose	ed is a check for the	he 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)		

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

DAVE FLETCHER WINDOW+DOOR, LUCE

The Articles of Organization for this Limited Liability Company were filed on 02-16-04

and assigned

Florida document number L04000 12338

This amendment is submitted to amend the following:

A. If amending name, enter the new pame of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered 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:

CHARLES VANCE FLETCHER

New Registered Office Address:

8725 WORRELL DRIVE

Enter Florida street address

New Port Riches

\_\_ Florida 34654-4915
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	Name	<b>1</b> 1	Address	Type of Action		
MGR	Charles	v ance	Fletcher 8725 Worrell Drive New Port Richey, F134654	_Add ☐ Remove		
				Add Remove		
				Add Remove		
				Add Remove		
				Add Remove		
				∏Add _∏Remove		
D. If amendin	ig any other i	nformation,	enter change(s) here: (Attach additional sheets, if necessor	ary.)		
Dated _ ()\ ()\		Signature	of a member or authorized representative of a member			

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00