*L04000020460

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K.SALY EXAMINER

APR - 2 2014

COVER LETTER

TO: Registration Section
Division of Corporations

Franklin Drapery Installation, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Franklin
Name of Person
Franklin Drapery Installation, LLC
Firm/Company
3451 Baisden Rd
Address
Pensacola, FL 32503
City/State and Zip Code
ay@mrtaxinc.com
F-mail address: (to be used for future annual report potification)

For further information concerning this matter, please call:

Gary Franklin	at (850)	434-8414
Name of Person	Area Code	Daytime 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)

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

2014 MAR 31 PM 3:48

ALLAHASSEE, FLORIDA

Franklin Drapery Installation, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(,	A Florida Limited Liability Company)	SEE, FLORIDA
The Articles of Organization for this Limited Lia	bility Company were filed on 03/05/2004	and assigned
Florida document number <u>L04000020460</u>	 '	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Franklin Drapery & Installation, LLC		
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
T		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on our records, <u>ent</u> i <u>ce address here</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	7in 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State) Dated Signature of a member or authorized receipt or filed date.	

Page 3 of 3

Filing Fee: \$25.00