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COVER LETTER

TO: Registration Se Division of Cor		,				
SUBJECT:	EASTERN	VEXTERIORS LLC				
	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	LINDA	GUERRA Name of Person				
	EASTER	NEXTERIORS LLC Firm/Company				
		CLAY ST. Address				
	KISSIM ME	EFL 34741 City/State and Zip Code XTEXIONS LLC @ GM 41 to be used for future annual report notificati		ن الاعتب	202	
	EASTERN E) E-mail address: (1	KTERI ORS LLC @ GYM AI to be used for future annual report notificati	(L. C.DM		134 234 271	2 744
For further information c	oncerning this matter, please ca	all:			=	
LINDA G Name o	tLENRA f Person	City/State and Zip Code KTERI ORS LLC @ GM Ai to be used for future annual report notificati all: at (407) 902-82 Area Code Daytime Tel	32 Jephone Number		PĦ 1:17	
Enclosed is a check for th						
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional co	of Statu Copy		
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sectio				
Division of C P.O. Box 632	-	Division of Corpor The Centre of Talla				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASTERN	EXTERIORS LLO	•	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears of Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Co.	,	<u> 29 24</u>	_ and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:	:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the desig	nation "LLC" or the abbrev	viation "L.1C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			2021 54
3. If amending the registered agent and/or registered		irds enter the name of	
gent and/or the new registered office address here:	office address on our reco	es, <u>ence in in inc</u> Es Es	i 5
Name of New Registered Agent:		177	
New Registered Office Address:			
	Enter Florida	street address	
		, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MANAGER	MERIANA MAYA		□ Add
		1227 CLAY ST. KUSMMEE FL3	1741 ERemove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an effective date lote: If the date		must be specific a s block does no	and cannot be pri of meet the app	ior to date of filing licable statutory ds.			g.) Pursuant to 605	
record specifies	s a delayed effe	ctive date, but r	not an effective	e time, at 12:01 a	ı.m. on the ear	lier of: (b) T	he 90th day after	r the
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ated <u>MAY</u>		' <i>、 (ノ</i> ーし	4. ~_					
_(Lind	Signature of	a member or au	thorized represent	ative of a memb	oer .		