L07000018574

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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D. SRUCE

COVER LETTER

| SUBJECT: Alistat | te Walls LLC | hility Company | | | |
|------------------------------|---------------------------------------|---|------------|----------------------|--------------|
| | Name of Billica Black | Sincy Company | | | |
| The enclosed Articles of A | mendment and fee(s) are submitted | for filing. | | | |
| Please return all correspond | dence concerning this matter to the f | following: | | | |
| | Charles Spragu | е | | | |
| | N | lame of Person | | | |
| Allstate Walls LLC | | | | | |
| | F | Firm/Company | | | |
| | 4602 26th Stree | et West | | | |
| | | Address | | | |
| | Bradenton, Flor | ida 34207 | Es. | 2013 | |
| | City/S | State and Zip Code | | 3 KUC | |
| | estimator@allstatewa | | Z Z | <u>5</u> | Lun |
| | E-mail address: (to be use | ed for future annual report notification) | SS: YS: | 20 | į |
| For further information con | ncerning this matter, please call: | | 프유 | \overrightarrow{z} | |
| Charles Spr | ague | 305 ₅ 517-6336 | LORIE | 5: 0 | Sala Lion |
| | | | | | |

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Allstate Walls LLC | Liability Compa | ny as it now appears on our reco | rds.) | | |
|---|--------------------|---|--|------------|--------------|
| (A | Florida Limited L | ny as it now appears on our recor liability Company) | | | |
| The Articles of Organization for this Limited Li | ability Company | were filed on 7/31/2007 | ar | nd assign | .ed |
| Florida document number L07000078574 | ·• | | | | |
| This amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limi | ited Liability Company," the design | nation "LLC" o | r the abbi | reviation |
| Enter new principal offices address, if applic | able: | Alistate Walls LLC | , | 22 | |
| (Principal office address MUST BE A STREE | | 22306 Lafitte Drive | | | erostrare |
| | | Cudjoe Key, FL 33042 | À. | AUS | - CONTRACTOR |
| | | | XS: | 20 | F-1-3 |
| Enter new mailing address, if applicable: | | Allstate Walls LLC | in contract of the contract of | - < | |
| (Mailing address MAY BE A POST OFFICE BOX) | | PO Box 420222 | 97.4 | ڪــ | - f-rsud |
| | | Summerland Key, FL 33 | 3042 💍 | 2: 0s | as not |
| B. If amending the registered agent and/ registered agent and/or the new registered or | - | | enter the na | me of t | he new |
| Name of New Registered Agent: | Charles Sp | orague | | | |
| | 4602 26th | Street West | | | |
| New Registered Office Address: | 4002 2011 | Enter Florida st | reet address | | |
| | Bradenton | | rida <u>34207</u> | | |
| | Diadonton | , Flo | Zir | Code | |
| Now Designated Accords Signature if shanging | Danistanad Amant | | • | | |

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

| Title | Name | Address Type of Action |
|--------------|-----------------|---|
| MGRM | Charles Sprague | 4602 26th Street West Add |
| | | Bradenton, Florida 34207 |
| MGRM | Kerri Fontaine | 4602 26th Street West |
| | | Bradenton, Florida 34207 Remove |
| | | Add |
| | | Remove |
| | | EAS DE CASTA AND AND AND AND AND AND AND AND AND AN |
| | | STATE OF |
| | | Add |
| | | Remove |
| | | Add |
| | | Remove |
| | | |

| D. If ame | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------|---|
| | |
| - | |
| - | |
| - | |
| | |
| | |
| - | |
| Dated | , |
| | |
| | Signature of a mamber or authorized representative of a member |
| | Charles Sprague Charle Songan |
| | Typed or printed name of signee |
| | Page 3 of 3 |

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Filing Fee: \$25.00

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