## L10000031953

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na.	me)
(Do	ocument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Re	eceived 07-12-6
	(	M26

Office Use Only  $\mathcal{S}_{\iota}$  ( .

07126/21



400366339454

05/17/21--01024--024 ++52.50

(3)

RECEIVED



June 22, 2021

LASANDERS COURTNEY 2140 FARM ROAD JAY, FL 32565

SUBJECT: L & L SIDING LLC Ref. Number: L10000037953

We have received your document for L & L SIDING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 821A00014048

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			•	
SUBJECT:	PL Sidne	116		
SUBJECT. 7	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	ndence concerning this matter t	to the following:		
	Lasanders	Name of Person		
	LPL Sidir	y LLC Firm/Company		
	2140 Farm	1 Road Address	·	
	Jay FL	3)565 City/State and Zip Code		
	E-mail address: (i	to be used for future annual report notif	ication)	CD
For further information ec	oncerning this matter, please ea	ıll:		
La Sanders Name of	Contrey	at (SSD) 897 - 3 Area Code Daytime	835 Telephone Number	
Enclosed is a check for th	e following amount:		II: 2u	ر.
See letter dated 6/22/21	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclos	
Mailing Address Registration S Division of Co P.O. Box 632	section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 1 1

(Name of the Limited Liability	Company as it now appears of Limited Liability Company)	ı our records.)		-
(A Florida I	Limited Liability Company)	•		
The Articles of Organization for this Limited Liability Co	mpany were filed on	15/2010	and :	assigned
Florida document number <u>L1000037953</u>	<b>-</b> :	1 1 .		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the desig	nation "LLC" or the a	bbreviation	"L.L.C."
Enter new principal offices address, if applicable:	<u> </u>			<del></del>
(Principal office address MUST BE A STREET ADDRI	ESS)			
				<del></del>
Enter new mailing address, if applicable:		,		
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>	<del></del>
				7)
				72
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the nar	ne of the r	<u>iew registere</u>
agent and/or the new registered office address here.				-
Name of New Registered Agent:			خش	7
Name of New Registered Agent.			77	٠.,
New Registered Office Address:	Enter Classide	street address	2	
	riner r ioriga	sireet auaress		
	Cim	, Florida	Zip Coo	<del></del>
	City		гир Сос	ж

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	Timothy L Harrelson	Ilelos Bhir Road Brewton AL 36426	□Add
	J	Brewton AL 36426	Remove
			□Change
			🗆 Add
			Remove
			□ Change
			□Add
			□Remove
			□Change Ø
			□Add
			□Remove
			N □ Change
			OAdd
			□Remove
			☐ Change
			□ Add
			□Remove
			Change

		-
		•
 		•
		-
		(?)
		-
,		-
	· .	-
=======================================		
2(		