## 211000019109

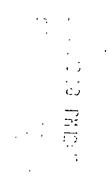
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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8/29/21

## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: Straight Line Aluminum Construction, 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:
Joey Whitnarsh Name of Person
Straight Line Aluminum Construction, LLC
7253 Gasparilla Rd Unit 4
Port Charlotte FL 33981  City/State and Zip Code
Straight.line@ Comcast.net G-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
July Whitmarsh at (941), 214-5355  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION	- <b>-</b>	:3 13	PH 10: 1
OF	۲,		

Straight Line Aluminum (Name of the Limited Liability Compa (A Florida Limited)	construction, LL	<u>C</u>
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	coras.)
The Articles of Organization for this Limited Liability Company Florida document number LIVOOO 19109.	were filed on D2 03	2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	7253 Gaspa Port Charlott	rilla Rd Unit 1 C,FL 33981
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		. Florida
	Cuy	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>	Name	<u>Address</u>	Type of Action
MGR	Jeffeny McGonigal	7253 Gasparilla Rd Unit1	<b>X</b> Add
	Q S	7253 Gasparilla Rd Units Port Chanotte, FL 339BI	□Remove
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Effect	ive date, if other than the date of filing: (optional)
Note:	ive date, if other than the date of filing:
ne reco ord is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	August 110th . 2021  Signature of a member or authorized representative of a member  Tory Whitmarsh  Typed or printed name of signee
	Den of 2d
	Signature of a member or authorized representative of a member
	There will the be
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Filing Fee: \$25.00