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COVER LETTER

TO:

Registration Section Division of Corporations

SURIFCT:

Aluminum Outdoor Designs, 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:

John Quintero

Name of Person

Aluminum Outdoor Designs, LLC

Firm/Company

18459 Pines Blvd #461

Address

Pembroke Pines, FL 33029

City/State and Zip Code

aluminumoutdoordesigns@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Quintero

*...*305、81₺

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

Aluminum Outdoo	O •		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000168211</u> .	were filed on 12/04/2013	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limited Lia"	bility Company," the designation "LLC" or th	ne 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)			
Manning with Est 1911 BE 111 OST OF THE BOTY	e de la constant de		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	· •	er the name o	of the n
	<u> </u>	j. .	
Name of New Registered Agent:		12 (A)	
New Registered Office Address:			.**
Hew Registered Office Address.	Enter Florida street address	7.50	NA #2*
	, Florida _	77 Ta	******
	City	Zip Code	e tara
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	ಾ ಬಿ	

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

AMBR = Authorized Member **Address** Type of Action <u>Title</u> <u>Name</u> Carol A Requejo 6688 SW 192nd Ave MGR Pembroke Pines, FL 33332 Remove Antonio Requejo 6688 SW 192nd Ave MGR Pembroke Pines, FL 33332 ☐ Remove □ Add ☐ Remove

•	
Effective date, if other than the date. The effective date must be specific, cannot be the date this document is filed by the Florida	e of filing: (optional) prior to date of receipt or filed date and cannot be more than 90 days after Department of State)
	0044
Dated August /	2014
	Andr
Dated August 7 John Quintero	ature of a member or authorized representative of a member

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Filing Fee: \$25.00