L13000168211

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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(Do	ocument Number)	
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COVER LETTER

TO: Registrati Division o	on Section f Corporations
ALUI SUBJECT:	MINUM OUTDOOR DESIGNS LLC
SCHOLET.	Name of Limited Liability Company
	es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:
	JORGE 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 informa	tion concerning this matter, please call:
JORGE QUINTER	
N	arne of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

	City	Zip Code				
		, Florida				
New Registered Office Address:	Enter Florida street address					
-						
Name of New Registered Agent:						
registered agent and/or the new registered offic	•	ords, the many or the new				
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new				
		ু স				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>					
Enter new mailing address, if applicable:						
	 	33 1				
(Principal office address MUST BE A STREET	1DDKESS)					
Enter new principal offices address, if applicable						
The new name must be distinguishable and contain the word		"LLC" or the abbreviation "L.L.C."				
<u> </u>						
A. If amending name, enter the new name of th	e limited liability company here:					
This amendment is submitted to amend the following	ing:					
Florida document number L13000168211	·					
The Articles of Organization for this Limited Liab	ility Company were filed on 12/04/2013	and assigned				
(Name of the Limited) (A	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)				
ALUMINUM OUTDOOR DESIGNS						

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 Changing Registered Agent, Signature of New Registered Agent

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
MGR .	REQUEJO, CAROL A	6688 SW 192ND AVE	
		PEMBROKE PINES, FL 33332	■ Remove
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			□ Remove
			Change
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			□ Remove
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E. Effectiv	e date, if other than th	e date of fil	ling:			(optional)		
(It an effec	ctive date is listed, the date mu f the date inserted in this b	ust be specific	and cannot be	e prior to date	of filing or mo	ore than 90 days requirements	after filing.) , this date	Pursuant vill not l	to 605.0 be listed
docume	nt's effective date on the I	Department of	of State's red	cords.					
If the reco	ord specifies a delaye	od offoctiv	o data bi	it not an a	effective ti	ma at 13:	01 a m /	n the	ozelior
	90th day after the re-			at HUC OIL	mecuve U	me, at 12:	or ailli (MI UIC	cai iiCi
				_					
Dated _	01-26		, <u>201</u>	<u>77 -</u> · //					
									
									_
		Signature o	of a member of	r authorized n	epresentative (of a member			

Page 3 of 3

Filing Fee: \$25.00