

L14 0000 14240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

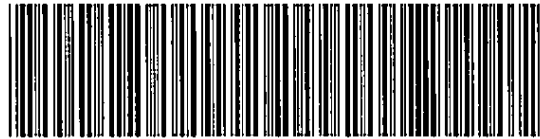
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAY 28 2019

2019 MAY 23 PM 4:28

FILED

Amend

JUN 1 2 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Siegrist Restoration, 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:

Gene P. Siegrist
Name of Person

Siegrist Restoration
Firm/Company

4082 Manchester Lake Dr
Address

Wellington, FL 33449
City/State and Zip Code

riesesiegrist@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene Siegrist
Name of Person

at (954)
Area Code

881-3745
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

Siegrist Restorations, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/25/14 and assigned
Florida document number L14000014240.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gene P. Siegrist

New Registered Office Address:

4082 Manchester Lake Dr.

Enter Florida street address

Wellington

City

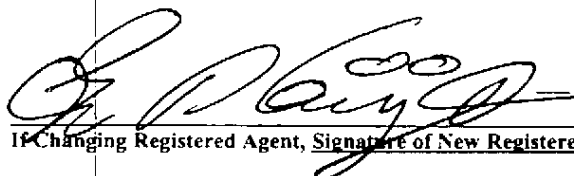
Florida

33419

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rise Siegrist	10759 Greenbriar Villa Dr	<input type="checkbox"/> Add
		Wellington, FL 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rise Siegrist	10759 Greenbriar Villa Dr	<input type="checkbox"/> Add
		Wellington, FL 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated

5/24/2019
Paul D. Dyer
 Signature of a member or authorized representative of a me

Signature of a member or authorized representative of a member

Gene P. Siegrist
Typed or printed name of signer

Typed or printed name of signer