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COVER LETTER

SUBJECT:	RAYMONI	O WOODS RESCREENING &	ALUMINUM REPAIRS LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Shannon Stahlin		
		Direct Incorporation	Name of Person	
		315 W Huron Ste 240	Firm/Company	
		Ann Arbor, MI 48103	Address	
		documents@directincorp.co		
For further in	nformation c	E-mail address: (to	o be used for future annual report notif th:	ication)
Shannon Sta			877 281-6496 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)

Registration Section Division of Corporations

TO:

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

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

RAYMOND WOODS RESCREENING & ALUMINUM REPAIRS LLC

The Articles of Organization for this Limited Liability Company were filed on

[1.14000068702]

This amendment is submitted to amend the following:

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

Action Aluminum & Screening LLC

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

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)

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

Name of New Registered Agent:	

New Registered Office Address:

Enter Florida street address

______, Florida _______ City 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Change
			
			☐ Remove
			Change
			
			□ Remove
			Change
			
			□ Remove
			Change

		
 		
. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this be document's effective date on the I	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 lock does not meet the applicable statutory filing requirements, this date will not be listed	0207 (. d as tl
the record specifies a delayed) The 90th day after the record	d effective date, but not an effective time, at 12:01 a.m. on the earlied cord is filed.	r of:
Dated September 3	2019	
	Signature of a member or authorized representative of a member	
Shannon Stahlin, Auth		
- Chainer Chainn, Plans	Typed or printed name of signee	

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Filing Fee: \$25.00