| (R | Requestor's Name) | · · · · · · · · · · · · · · · · · · · |
|-------------------------|-------------------------|---------------------------------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | city/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (B | dusiness Entity Name) | |
| (C | Occument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of C | orporations | | |
|-------------------------|--|---|---|
| Front Do- | or Construction, LLC | ~ d | • |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | of Amendment and fee(s) are sub | - | • |
| | Michael Searles | | |
| | | Name of Person | |
| | Front Door Construction, I | LC | |
| | | Firm/Company | |
| | 11467 Claymont Circle | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Windermere, FL 34786 | | |
| | | City/State and Zip Code | |
| | msearles@frontdoorconstru | | |
| | E-mail address: (| to be used for future annual report noti | ication) |
| For further information | concerning this matter, please ca | all: | |
| Mike Searles | | 678 469-5577 at () | |
| Name | e of Person | Area Code Daytımı | e 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:

TO:

Registration Section

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

| Front Door Construction, LLC | |
|--|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lim | ompany as it now appears on our records.) nited Liability Company) |
| The Articles of Organization for this Limited Liability Complete Florida document number <u>L15000024329</u> . | pany were filed on February 9th, 2015 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited</u> | and assigned sument number L15000024329 Iment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited Liability Company here: In must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." In principal offices address, if applicable: In principal office address MUST BE A STREET ADDRESS) In mailing address, if applicable: Indiduction of the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: In and assigned and as |
| The new name must be distinguishable and contain the words "Limited | s of Organization for this Limited Liability Company were filed on L15000024329 ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: diress MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: ame of New Registered Agent: eaw Registered Office Address: |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRES | <u>s</u> |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| R If amending the registered agent and/or registers | ad office address on our records enter the name of the new |
| registered agent and/or the new registered office address | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| N. B | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agentics | |
| provisions of all statutes relative to the proper and comp | l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, Hilps document is ffice address, I hereby confirm that the limited liability |
| | |

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> | Name | Address | Type of Action |
|--------------|---------------|----------------------|---|
| MGR/VP | Aaron M. Hope | 19427 Villa City Rd. | ■ Add |
| | | Groveland, FL 34736 | ☐ Remove |
| | | | Change |
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| | | | □ Remove |
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| Cantie | e date, if other than the date of filing: (optional) | |
| iectivi | ive 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 60 | |
| in effect ote: If | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis | |
| ın effect ote: If | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list a seffective date on the Department of State's records. | |
| in effect ote: If ocumen | t's effective date on the Department of State's records. | |
| in effect ote: If ocumen | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early days after the record is filed. | , |
| an effect ote: If ocumen | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the each oth day after the record is filed. | í |
| an effect ote: If ocumen e reco The 9 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early days after the record is filed. | |
| an effect ote: If ocumen e reco The 9 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early oth day after the record is filed. | |
| an effect ote: If ocumen | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early oth day after the record is filed. | |

Page 3 of 3

Filing Fee: \$25.00