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DIVISION OF CORPORATIONS

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JODY VANAMUS VINY SIDING 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:
Terri G Vaughu Name of Person
Jody Voughns Vinyl Siding LLC
4410 Marlane Drive
Pensacola FL 32526  City/State and Zip Code  Herry Voyahn 6 amoul. Com  E-mail address: (To be used for Auture andual report notification)
For further information concerning this matter, please call:
Jody Waugh Name of Person Jat (850) 377-7942  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$  \$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$  \$\Bigcup \text{\$60.00 Filing Fee. 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

Jody Vaughus V (Name of the Limited Link (AF)	ability Company as it now appears of orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 15 DDCO 2806</u>		bruary 1320 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	;
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A)	:	16 OCT -6
Enter new mailing address, if applicable:		A PLANT OF THE PART OF THE PAR
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	30 30
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	ı street address
_	City	, Florida Zip Code
	·	esp conc

### 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> **Name Address** Type of Action AMBR MERLE Edward Smith JR. 4410 Marlane DR DAdd Pensocola FL 32526 Remove \_□ Change AMBR James David Wade 4410 Marlane DR Pensacola FL 32526 ☐ Change □ Add □ Remove -6 Power III: □ Add ☐ Remove ☐ Change ☐ Add \_□ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.	)	
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	7.110 <b>X</b>	
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E. Effective date, if other than the date of filing:	Pursuant to 605.02 Fill not be listed	207 (3)(b as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o (b) The 90th day after the record is filed.	n the earlier	of:
Dated 10/4/16		
Signature of a member of a authorized representative of a member		
Signature of a member of authorized representative of a member  Terri G Vayaha  Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00