

L150000082633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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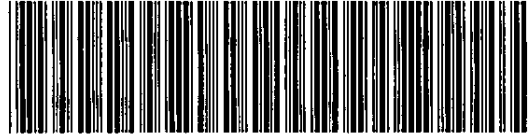
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 27 2015

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EcoView Windows and Doors of Jacksonville 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:

George M. Baxter

Name of Person

Eco View Windows and Doors of Jacksonville, LLC

Firm/Company

6950 Philips Hwy Suite 1

Address

Jacksonville FL 32216

City/State and Zip Code

JDB@ecoviewjacksonville@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George M. Baxter

Name of Person

at ( 904 )

Area Code

591 7299

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**

Eco View Windows and Doors of Jacksonville 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 May 11, 2015 and assigned  
Florida document number L15000082633.

This amendment is submitted to amend the following:

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

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:

(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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

George M. Baxter

New Registered Office Address:

6950 Phillips Hwy Suite 1

Enter Florida street address

Jacksonville

City

, Florida

32216

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.*

George M. Baxter

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>
AP	Thomas A Riccio	8518 GRAYBAR DR	<input type="checkbox"/> Add
		Jacksonville FL 32221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Daniel E. Boone	8629 Frost St N	<input type="checkbox"/> Add
		Jacksonville FL 32221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	George M Baxter	15358 Howard Rd	<input checked="" type="checkbox"/> Add
		Bryceville FL 32009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Joseph L. Snowden	3147 Cristo LN	<input checked="" type="checkbox"/> Add
		<del>3147 Christo Ln</del>	
		Jacksonville FL 32277	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JUL 24 AM 10:24  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

FILED

2015 JUL 24 AM 10:24  
SECURITY OF SIM  
ALL INFORMATION

2015 JUL 24 AM 10 24  
ST. LOUIS  
ILLINOIS

77-10000

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 2, 2015.

Signature of a member or authorized representative of a member

Thomas Riccio, Daniel Boone, George M Baxter, Joseph L Snowden  
Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000082633 - Doc #  
FILED 8:00 AM  
May 11, 2015 - Date  
Sec. Of State  
smmason

**Article I**

The name of the Limited Liability Company is:

ECOVIEW WINDOWS AND DOORS OF JACKSONVILLE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

6950 PHILIPS HWY  
SUITE 1  
JACKSONVILLE, FL. US 32216

The mailing address of the Limited Liability Company is:

6950 PHILIPS HWY  
SUITE 1  
JACKSONVILLE, FL. US 32216

**Article III**

The name and Florida street address of the registered agent is:

THOMAS A RICCIO  
8518 GRAYBAR DR  
JACKSONVILLE, FL. 32221

← remove

(Only 1)  
Add: Joe / Mike  
Address

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: THOMAS A RICCIO

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: AP  
THOMAS A RICCIO  
8518 GRAYBAR DR  
JACKSONVILLE, FL. 32221 US

← remove

Title: AR  
DANIEL E BOONE  
8629 FROST ST N  
JACKSONVILLE, FL. 32221 US

← remove

L15000082633  
FILED 8:00 AM  
May 11, 2015  
Sec. Of State  
smmason

Add: Joe &  
Address

Add: Mike &  
Address

#### Article V

The effective date for this Limited Liability Company shall be:

05/09/2015

Signature of member or an authorized representative

Electronic Signature: THOMAS A RICCIO

← Thomas Must Sign Changes

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.