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PICK-UP	☐ WAIT	MAIL
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OCT OF 2016 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corp	tion orations		
SUBJECT: EXTERI	OR INSTALLATION.	s uc	
	Name of Lim	ited Liability Company	
	mendment and fee(s) are subsidence concerning this matter	-	
		MNOCD Name of Person	
		Name of Person	
	EXTERNA	/NSTALLATIONS Firm/Company	
		Firm/Company	
	5617	WALTON ST Address	
		Address	
	PENSA (OI,	A FL 32503	
	JEAGIO YAHOO	Fl 32503 City/State and Zip Code COM to be used for future annual report notific	
For further information con	ncerning this matter, please ca		cayon)
JOPN G. AR	ναρ	at (\$50) 7/8 8 Area Code Daytime	7726
Name of	Person	Area Code 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

<u>Exterior Ins</u>	tallations, LC	C		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co. Florida document number <u>L/5000//2-979</u>	ompany were filed on <u>6-3</u> 	0-2015	_ and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:	······································		ਰ	<u> </u>
(Principal cifice address MUST BE A STREET ADDR	(ESS)		- 20	
				9,734
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
FACILITIES COLOR COS VILLE DE LA COST OF LACE DON	<u> </u>		6	Ť,
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		r records, <u>enter th</u>	e name	of the r
The state of the s				······
New Registered Office Address:	Enter Florida s	treet address		
New Registered Office Address:	Enter Florida s	Florida	Zip Code	

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:

<u>Title</u>	Name	Address	Type of Action
<u> 1968</u>	MATT SARNACKI	6310 HARVARD CT	\ Add
		6310 HARVARD CT PENSACOLA FL 32504	Remove
			Change
			Add
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	tive date, if other than the date of filing:	ersuant to 605.02
E. Effec (If an e	If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil	l not be listed a
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