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S. WARREN HOV 1 4 2017

COVER LETTER

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TO: Registration Se Division of Cor			
SUBJECT: EXTE	RIOR /NSTALLATI	ONS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOHN	ARYOLD Name of Person	
	EXTERIOR	INSTALLATIONS UC	·
		Firm/Company	
	5817 W	AUTON 57 Address	
	PENKACOIA	Fl 32503	
	J6A81@YAHQ	F(32503 City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
JOAN M	NOID	at (850) 748 (8726
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Libbit	(1 ATION	is Cl	C	reards)			
(A Florid	la Limited Li	bility Compar	ny)	ecoros.			
The Articles of Organization for this Limited Liability of Florida document number (1500) 2879	Сотралу v 	vere filed on	6-30-	-15	and assi	gned	
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lim	nited liabil	ity company	y here:				
The new name must be distinguishable and contain the words "Lir	nited Liabilit	у Сопърипу," t	he designation	"LLC" or the abbr	eviation "L.I	C."	-
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>						-
						· · · -	
Enter new mailing address, if applicable:							_
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:			on our rec	cords, <u>enter ti</u>	ne name o	of the r	<u>1ev</u>
New Registered Office Address:							_
		Enter	Florida str ee t a	iddr e ss			
		Carv		_, Florida	Zip Code		
New Registered Agent's Signature, if changing Registers	ed Apent-	Cily			Zip Code		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	and agree complete p igent as pr red office o	erformance covided for i iddress, I he	of my dutie in Chapter (ereby confiri	rs, and Lam far SOS ES Or it	miliar with	and is The Control of	he !
	n Chang	ing registered	a vefeur , <u>Steu</u>a	unte of trem Keal		-	
	Page 1	of 3				သ 08	

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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
MER	josaux plien	86023 HILL UNLEY AUE	@Add
		86023 HILL UNLEY AUF YULFE FL 32097	
			Change
			
			C Remove
			O Change
			Remove
			Change
			Add
			C Remove
			Change
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			D.Remove
			3: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:

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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)		
				
				
		<u>_</u> _		
				
		· · · · · · · · · · · · · · · · · · ·		
				
E EM-		1.		
(If an	ctive date, if other than the date of filing:	filing.) Pursuant o	o 605.020 - listed n	77 (3)(t
	ment's effective date on the Department of State's records.	· dute will like in	. II.WOU U	3 Hic
If the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a	am on the e	adier c	nf •
	ne 90th day after the record is filed.			
Date	d //·2·/7			
	0 6 01			
	Signature of a member or authorized representative of a member	<u> </u>	17	
	JOAN ARNOLD	₽₩ \$ 1 .5 ; ;	NOV 13	
	Typed or printed name of signee			
	Page 3 of 3			
	Filing Fee: \$25.00		<u>ઃ</u> 09	
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