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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Southern Wall Systems of Florida 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:
Colin H. Cooper Name of Person
Southern Wall Systems of Florida LLC Firm/Company
11518 Patrico Loop Address
Clermont FL 34711  City/State and Zip Code  Southern Us   f   e gmail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter please call:
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Southernual fle amail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
City/State and Zip Code  Southernual flequail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Larry P. Mc Lendon Jr.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

#### **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

Southern Wall S (Name of the Limited Liability Com (A Florida Limite	pany as it now appears of Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 15000155659</u>	ny were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company her	2:		
The new name must be distinguishable and contain the words *Limited Lia	bility Company," the des	ignation "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)		SE RETARY OF LORID		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have	office address on e ere:	our records, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	a street address		
	Enter Florida street address			
	City	, Florida		
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>			

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(	s) authorized	to manage,	enter the	<u>title, name.</u>	and address	of each pe	erson be	<u>eing added</u>
or removed from our records:								

MGR = Manager .

AMBR = Authorized Member **Type of Action Title** <u>Name</u> <u>Address</u> AMBR Larry P. McLendon Jr. 6403 N. 50+45T DAdd Tamps FL 33610 Remove \_□ Change \_ | Add \_□ Remove Change \_🗆 Add □ Remove Change Remove ထ် □ Change \_ 🗆 Add \_□ Remove \_□ Change \_□ Add ☐ Remove \_□ Change

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Filing Fee: \$25.00