

L15000167730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

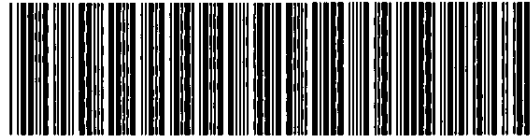
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TALLAHASSEE, FLORIDA

MAY 0 2025
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Cross Shutter System, 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:

Samantha Matias
Name of Person

Southern Cross Shutter Systems LLC
Firm/Company

1109 Tamiami Trail Unit 5
Address

Port Charlotte FL 33953
City/State and Zip Code

southerncrossshutter@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Matias at (941) 286 3264
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**

SOUTHERN CROSS SHUTTER SYSTEMS, 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 9/28/2015 and assigned Florida document number L15000167730.

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:

New Registered Office Address:

1109 Tamiami Trail

Enter Florida street address

Port Charlotte

City

Florida

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.

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>
MGR	Eustacio Matias	10226 Acorn Trail	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Samantha Matias	10226 Acorn Trail	<input checked="" type="checkbox"/> Add
		Punta Gorda FL 33950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin Biehl	2800 Palm Drive	<input type="checkbox"/> Add
		Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robyn Biehl	2800 Palm Drive	<input type="checkbox"/> Add
		Punta Gorda, FL 33950	<input checked="" 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

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SECRETARY OF STATE
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 April 20, 2017

Esmeralda Matias
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Samantha Matras

Typed or printed name of signee