

L16 0000 31094

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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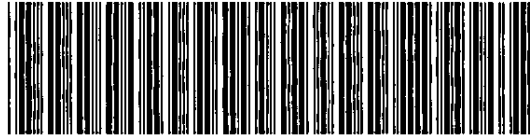
(Business Entity Name)

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 JUN 22 AM 11:04

JUN 23 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All American Window Company, 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:

Lynda Shipp
Name of Person

Firm/Company

210 East 6th Street
Address

Lynn Haven, FL 32444
City/State and Zip Code

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

For further information concerning this matter, please call:

Craig Shipp at (334) 618-6463
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

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TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALL American Window Company, 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 Feb 15, 2016 and assigned
Florida document number L16000031094.

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:

Enter Florida street address

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	R. Kyle Shipp	5332 BROWN STREET	<input type="checkbox"/> Add
		GRACEVILLE, FL 32440	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HFSS Enterprises, LLC	5332 BROWN STREET	<input type="checkbox"/> Add
		GRACEVILLE, FL 32440	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove the Registered Agent's
name

Please insure that original documents
are removed from the website showing
any names and that the documents
replacing them have no individual names

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16 JUN 22 AM 11:04

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 16, 2016.

Lynda Shipp

Signature of member or authorized representative of a member

Lynda Shipp

Typed or printed name of signer

Original Documents

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

L16000031094
FILED 8:00 AM
February 15, 2016
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
ALL AMERICAN WINDOW COMPANY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5332 BROWN STREET
GRACEVILLE, FL. US 32440

The mailing address of the Limited Liability Company is:
5332 BROWN STREET
GRACEVILLE, FL. US 32440

Article III

The name and Florida street address of the registered agent is:
LYNDA SHIPP
210 EAST 6TH STREET
LYNN HAVEN, FL. 32444

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: LYNDA SHIPP

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TALLAHASSEE, FLORIDA
16 JUN 22 AM 11:04

Article IV

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

Title: MGR
R. KYLE SHIPP
5332 BROWN STREET
GRACEVILLE, FL. 32440 US

Title: AMBR
HFSS ENTERPRISES, LLC
5332 BROWN STREET
GRACEVILLE, FL. 32440 US

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Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

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.

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TALLAHASSEE, FLORIDA
16 JUN 22 AM 11:04