L16000105909

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ÇOVER LETTER

TO:	Registration Se Diyision of Cor			٠ .
eun		of Aluminum LLC		
SUB	JECT:			
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Jason Allen Conner		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Skeeta Proof Aluminum L	LC	
			Firm/Company	
		1324 Valley Hill E.		
			Address	
		Lakeland Fl. 33813		
			City/State and Zip Code	
		Oralee@connersince1979.c		
			to be used for future annual report notific	cation)
For fi	urther information c	oncerning this matter, please c	all:	
Orale	ee Spivey		863 267-2267 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
S	\$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:

TO:

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**

Sketta Proof Aluminum LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 05/31/2016	and assigned
Florida document number L16000105909		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
J C Exteriors LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	10.76
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u>/n</u> -< _o
		OF S
Enter new mailing address, if applicable:		STA STA
(Mailing address MAY BE A POST OFFICE BOX)		05.
B. If amending the registered agent and/or registere	ed office address on our record	s enter the name of the ne
registered agent and/or the new registered office address		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	. F1	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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

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4 4 4 4 4 4	date of filing:	o date of filing or more than 90	(optional) days after filing.) Pursua	ant to 605.02
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Filing Fee: \$25.00