LI6000151339

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Dusiness Link) Hame) | | | | |
| (Document Number) | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| 8 | | | | |
| 7 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000330902340

06/21/19--01019--002 **25.00

JUL 19 2019 M. SOLOMON



July 2, 2019

BRAD GREGORY 323 MICHIGAN AVE INDIALANTIC, FL 32903

SUBJECT: BRAD GREGORY DOOR WINDOW AND TRIM LLC

Ref. Number: L16000151339

We have received your document for BRAD GREGORY DOOR WINDOW AND TRIM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select type of action for Brad Gregory on page 2 of 3. Also page 3 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 619A00013425

RECEIVED
JUL 1 1 2019

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: BRAD (1020) Name of L | AUDOZ COMPANY Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are s | submitted for filing. |
| Please return all correspondence concerning this matt | ter to the following: |
| | Name of Person |
| Bran Cre | Firm/Company |
| 333 0 | Address |
| I-way. | City/State and Zip Code |
| E-mail address | s: (to be used for future annual report notification) |
| For further information concerning this matter, please | e cail: |
| Name of Person | at (33) 421-30 C.C. 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 & □ \$60.00 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 | STREET/COURIER ADDRESS: Registration Section Division of Corporations |

P.O. Box 6327 Tallahassee, FL 32314

TO:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION **OF**

| | MAN MAN |
|---|--|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) | s on our records.) |
| he Articles of Organization for this Limited Liability Company were filed on $\frac{2}{100000000000000000000000000000000000$ | 5/31/2019 and assigned |
| his amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liability company he | <u>re</u> : |
| ne new name must be distinguishable and contain the words "Limited Liability Company," the de | TEIM LLC |
| ne new name must be distinguishable and contain the words "Limited Liability Company," the de | |
| nter new principal offices address, if applicable: | F. 22 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15 |
| • | 그램 드 |
| rincipal office address MUST BE A STREET ADDRESS) | 703 |
| | |
| | PH PH |
| nter new mailing address, if applicable: | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | alto O |
| . If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here: | our records, enter the name of the |
| Name of New Registered Agent: | |
| New Registered Office Address: | ida street address |
| Lines From | HARE DEFECT CAMPET COD |
| | Florida Zip Code |
| City | <i>Др Сове</i> |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ti 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

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------|---------|--|
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Ädd S |
| | | | DRemove Control of the control of th |
| | | | DE Add Control Press Pr |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | |

| | _ |
|---|----------------------------|
| • | _ |
| | _ |
| | |
| | |
| | _ |
| | _ |
| | |
| | |
| | _ |
| | _ |
| | |
| D con the tree | 2019 |
| N) | |
| | |
| <u> </u> | ₽ |
| | _ှယှ |
| | 20 |
| | |
| | _ |
| Tective date, if other than the date of filing: | 505.0207 (3 isted as th |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea he 90th day after the record is filed. | rlier of: |
| od 70,8 .2.19. | |
| Signature of a member or authorized representative of a member | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00