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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	B Exterior Name of Limi	LLC ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are subj	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Tiest	Name of Person	¥	
		Name of Person	·	
	NB	Exterior L Firm/Company	LC	
		Firm/Company		
	501	Meaden Pl	0.0	
		Meadson Pla		
	Pensac	ola FL 325 City/State and Zip Code	506	
				1
-	E-mail address: (t	o be used for future annual	<u>Dany W G/194</u> Treport notification)	<u>zi/.com</u>
For further information conc	terning this matter, please ca	all:		
Joel 1	n, Millar	at (%50)	485-1668	
Name of Pe	erson	Area Code	Daytime Teleph	ione Number
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 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

D B Ex	terior LLC
(<u>Name of the Limited F</u> (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	flity Company were filed on $8/17/2016$ and assigned
Florida document number L 16000 / 54	<u>1/75</u> .
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
Millor Co.	nStruction Company LLC s "Limited Liability Company," the designation "L.L.C."
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	w mg m
(1744) India (25) 1777 1757 1767 177 1767 177 1767 177 177 177 177	<u> </u>
B. If amending the registered agent and/or	registered office address on our records, enter the name of the ne
registered agent and/or the new registered office	· · ·
Name of New Registered Agent:	
Nam Ragistared Office Address	
New Registered Office Address:	Enter Florida street address
	Plantala
-	, Florida
New Designation of America Circumstance (Cabanasian Design	Seasonal America

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>	Address	Type of Action
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Filing Fee: \$25.00