46000159615

(Requestor's Name)
(Address)
(Address)
(,
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mendencies to 1 ming contact.
,





100319845851

10/24/18--01010--021 **60.00

18 NOV 20 PH 3: 49
SECRUTARY OF STATE

BL VORISEK NOV 21 2018

COVER LETTER

Division of Co	rporations		
PB and J C	arpentry and Trim LLC		
SUBJECT:	Name of Lin	nited Liability Company	,,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patrick Bush		
		Name of Person	
	PB and J Carpentry and Tr	rim LLC	
		Firm/Company	
	6347 Jordan St		
		Address	
	North Port Florida		
	34287	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information c	concerning this matter, please c	all:	
Patrick Bush		941 3801359 at ()	
Name (of Person	Area Code Daytime	Felephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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



November 7, 2018

PATRICK BUSH P B AND J CARPENTRY AND TRIM LLC 6347 JORDAN ST. NORTH PORT, FL 34287

SUBJECT: P B AND J CARPENTRY AND TRIM L.L.C.

Ref. Number: L16000159615

We have received your document for P B AND J CARPENTRY AND TRIM L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must be signed by a member or manager of the limited liability company.

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 (805) 245-6000.

Brenda L Vorisek Director

Letter Number: 918A00023028

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PB and J Carpentry and Trim LLC		ZS:	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	LECRE NO	7
The Articles of Organization for this Limited Liability C Florida document number <u>L16000159615</u>	Company were filed on <u>8/25/2016</u>	NOV 20 PH	
This amendment is submitted to amend the following:		PH 3: 49 OF SIAIE S. FLORIDA	_
A. If amending name, enter the new name of the lim	nited liability company here:	y W	
Apex Framing L.L.C.			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	-
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDI	RESS)		_
			_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
			_
B. If amending the registered agent and/or registered agent and/or the new registered office add		he name of the	new
Name of New Registered Agent:		 -	_
New Registered Office Address:	Enter Florida street address		-
	, 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
11111		12341-609	Type of rection
			D Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			□ Change

			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change

			···-
			· · · · · · · · · · · · · · · · · · ·
		<u> </u>	
	·····		
			
ective date, if other than th	e date of filing:	o date of filing or more than 90	(optional) days after filing.) Pursuant to 605.020
te: If the date inserted in this b	lock does not meet the applica	ble statutory filing requiren	ents, this date will not be listed a
nument's effective date on the I	Department of State's records.		
un and annuition a delay.	d <i>effective</i> data byt met	an affactive time at	12.01 o the english
he 90th day after the re-		an ellective time, at	12:01 a.m. on the earlier o
November 17	. 2018	<u> </u>	
Pat y			
170	_89	ized representative of a memb	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00