L17000139162

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JUL 02 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SHUTTERS BY ABE, LLC
Name of Limited Liability Company

Jun 20

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABRAM HUBBARD
Name of Person

LEGACY SHUTTERS, LLC
Firm/Company

259 PELICAN VIEW
215
Address

SANFORD, FL 32771
City/State/Zip Code

LEGACYSHUTTERS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABE HUBBARD
Name of Person

386 262-0657
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
Centon Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

SHUTTERS BY ABE, 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 JUNE 27, 2017 and assigned Florida document number L17000139767

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LEGACY SHUTTERS, LLC

The new name must be distinguishable and contain the word "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 t 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Act
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 605.020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 o
(b) The 90th day after the record is filed.

Dated JUNE 1 2019

Signature of a member or authorized representative of a member

ABRAM H. BIBARD

Typed or printed name of signee

Filing Fee: $25.00