LIBOOCO CO BOI

(Requestor's Name)
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SECRETARY OF STATE OF CORPORATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO:							
CIID IE4	or.						
SUBJE	Name of Limited Liability Company						
				_			
Please re	eturn	all correspond	lence concerning this matter	to the following:			
			Alicia Carver				
	Division of Corporations Carver Exteriors LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following:						
			Carver Exteriors				
				Firm/Company			
			421 Twin Oaks Lane				
				Address			
			St. Johns, FL 32259				
				City/State and Zip Code			
		·					
n 6 1				·	cation)		
l-or furth	ner in	tormation cor	icerning this matter, please ca	all;			
Alicia Carver			ver				
		Name of I	Person		Telephone Number		
Enclosed	d is a	check for the	following amount:				
\$ 25.	.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy		

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

Carver Exteriors LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 03/08/2018 Florida document number L18000061361	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "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 reconstruction.	SECRE FARY OF STATES 18 AUG - 6 PH 2: 0 the enter the e
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street of	uldress
	_, Florida
City	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 provisions of all statutes relative to the proper and complete performance of my dutie	• •

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	Alicia N. Carver	421 Twin Oaks Lane, St. Johns FL. 32259	_ 🗖 Add
			☐ Remove
			☐ Change
·			🗖 Add
			□ Remove
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			Remove
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			2: 04
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ective date, if other than t	he date of filing:nust be specific and cannot be prior to date of filing of	(optional)	ი 605 მმ
te: If the date inserted in this	block does not meet the applicable statutory f Department of State's records.	iling requirements, this date will not be	e listed
record specifies a delay he 90th day after the r	ed effective date, but not an effective cord is filed.	e time, at 12:01 a.m. on the e	arlier
ed July 16th	2018		
	Signature of a member or authorized representa		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00