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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hernandez Exteriors, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matt Hernandez Name of Person
Hernandez Exteriors, LLC
Firm/Company
2820 Ravine Hill Dr
Middleburg FL 32068  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matt Hernandez at (904) 994-7151  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status Scriffied Copy (additional copy is enclosed)  \$25.00 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

Hernandez	Exteriors, LLC
	ability Company as it now appears on our records.)  orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u>L/8000/20</u>	y Company were filed on $\frac{5/14/18}{403}$ and assigned
This amendment is submitted to amend the following	ŗ;
A. If amending name, enter the new name of the I	limited liability company here:  er
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cav Zap 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	James Bell	5935 CR 218	Add
		Jacksonville, FL 32	234 Remove
			Change
AMBR	Joshua Rowls	100 Arthur Moore	2 Dr. Madd
		100 Arthur Moore Green Cove Spgs, FL 32	□ Remove
			☐ Change
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Pursuant to 605,020 ill not be listed as	ng: 10/22/18 (optional) and cannot be prior to date of filing or more than 90 days after filing meet the applicable statutory filing requirements, this date State's records.	2 date of le stat	t the appl	e and can not meet	e speciti Cdoes i	his bloc	ed, the da erted in t	te is liste ate inse	tive date The da	n effecti ote:   If
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	a member or authorized representative of a member  + evnande Z  Typed or printed name of signee	zed rep	iber of aut	of a mem	inature	<u>XV /</u> Si	<u> </u>	na na		

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Filing Fee: \$25.00