

LIB000 122219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

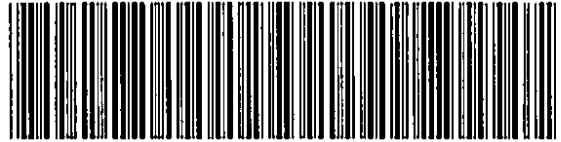
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900322211619

12/20/18--01025---027 **50.00

FILED

18 DEC 20 AM 7:33

STONY JURY OF STAFF
FALL ARREST, FLORIDA



T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ULTIMATE VIEW ENCLOSURES 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:

DENNIS LOUGHREN

Name of Person

ULTIMATE VIEW ENCLOSURES LLC

Firm/Company

9907 EAST FOWLER AVE

Address

THONOTOSASSA, FL 33592

City/State and Zip Code

AFFORDABLERESCREENING@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS LOUGHREN

813 716-1389
at ()

Name of Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ULTIMATE VIEW ENCLOSURES 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 5/16/2018 and assigned
Florida document number L18000122219.

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)

9907 EAST FOWLER AVENUE

THONOTOSASSA, FLORIDA

33592

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
18 DEC 20 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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. 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>	<u>Address</u>	<u>Type of Action</u>
MGR	TRACY KENDALL	19223 AUTUMN WOODS AVE TAMPA FL 33647	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENNIS LOUGHREN	2425 LIMEDALE RD LAKELAND FL 33809	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		CHANGE STATUS TO AUTHORIZED MEMBER	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 18 DEC 20 AM 7:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

18 DEC 20 AM 7:33
SECURITY DIVISION
TALLAHASSEE, FLORIDA
419

FILED
18 DEC 20 AM 7:33
SECURITY DIVISION
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 13, 2018

Signature of a member or authorized representative of a member organization

DENNIS LOUGHREN

Signature of a member or authorized representative of a member

DENNIS LOUGHREN

Page 3 of 3

Filing Fee: \$25.00