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COVER LETTER

TO: Registration So Division of Cor	ection rporations		
WAKEFIE	LD CUSTOM INSTALLATIO	N. LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMES M WAKEFIELD		
	WARPPIPE IN CHETCARE	Name of Person	
	WAKEFIELD CUSTOM I	NSTALLATION, LLC	
	42 SOUTHWIND DR	Firm Company	·
	COVERNOOD ELANDO	Address	· · · · · · · · · · · · · · · · · · ·
•	ENGLEWOOD, FLORID)	A 34223	
	JWAKEFIED1975@GMAI	City/State and Zip Code L.COM	
	E-mail address: 0	to be used for future annual report no	otification)
For further information of	concerning this matter, please ca	ıll;	
LISA A CONOVER		941 468-2281	
Name o	of Person	Area Code Dayt	ime Telephone 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 radditional copy is enclosed.	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regist • Divisi P.O. B	ANG ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAKEFIELD CUSTOM INSTAI		
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited		23, 2018 and assigned
lorida document number 1.18000129530		
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company here	:
VAKEFIELD CUSTOM REMODELING, LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	čahla:	
, ,		
Principal office address MUST BE A STRE	ETADDRESS)	8
		· · · · · · · · · · · · · · · · · · ·
		2 -
nter new mailing address, if applicable:		20 1
Mailing address MAY BE A POST OFFICI	EBON)	,
	- -	
		υ) . :
3. If amending the registered agent and	for registered office address on o	
egistered agent and/or the new registered (office address here:	
Name of New Registered Agent:	LISA A CONOVER	
New Registered Office Address:	42 SOUTHWIND DR	
	Enter Florida	street address
•	ENGLEWOOD	, Florida 3 ⁴²²³
	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>	Type of Action
MGR	DAVID B WAKEFIELD	42 SOUTHWIND DR ENGLEWOOD, FLORIDA 34223	∃ Add
			□ Remove
			Change
MGR	CHRISTOPHER I. WAKEFIELD	42 SOUTHWIND DR ENGLEWOOD, FLORIDA 34223	∃ Add
			☐ Remove
			☐ Change
			□ Add
·		<u> </u>	Remove
	•		7 26 Change) Add 36
			☐ Remove
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ective date, if other than the ceffective date is listed, the date mus	date of filing: the specific and cannot be prior to d	(tate of filing or more than 90 days	optional) after filing.) Pursuant to 605.0
te: If the date inserted in this blooment's effective date on the December 1.	ock does not meet the applicable epartment of State's records.	statutory filing requirements	s, this date will not be listed
	d effective date, but not a	n effective time, at 12:	01 a.m. on the earlier
he 90th day after the rec	ord is filed.		
ed OCTOBER 24	2018		
ed	·		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00