

L18000147715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐ WAIT

MAIL

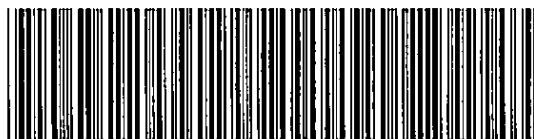
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Doc. No. 11-61, 1-1-1961, 6-1-1961

FILED

2015 JUL 12 AM 10:20

ALLAHSEE, FLORIDA

11/2/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2018

GEORGE R STEWART
521 FOOTHILL FARMS RD
ORANGE CITY, FL 32763 US

SUBJECT: FLORIDA AWNING AND SHADES LLC
Ref. Number: L18000147715

We have received your document for FLORIDA AWNING AND SHADES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 618A00013419

RECEIVED
2018 JUL 12 AM 9:57
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA AWNING AND SHADES 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:

GEORGE R STEWART
Name of Person

Firm/Company

521 FOOTHILL FARMS ROAD
Address

ORANGE CITY, FL 32763
City/State and Zip Code

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

For further information concerning this matter, please call:

GEORGE R STEWART at (888) 646-8525
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**

FLORIDA AWNING AND SHADES 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 15 2018 and assigned Florida document number L18000147715

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 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

Title	Name	Address	Type of Action
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AMBR/OWNER	GEORGE R STEWART	521 FOOTHILL FARMS RD	<input checked="" type="checkbox"/> Add
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		ORANGE CITY, FL	<input type="checkbox"/> Remove
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32763

			<input type="checkbox"/> Change
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MGR	GAYLE PAYNE	521 FOOTHILL FARMS RD	<input type="checkbox"/> Add
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		ORANGE CITY, FL	<input type="checkbox"/> Remove
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32763

			<input checked="" type="checkbox"/> Change
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MGR	LARRY PAYNE	521 FOOTHILL FARMS RD	<input type="checkbox"/> Add
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		ORANGE CITY, FL	<input type="checkbox"/> Remove
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32763

			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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FILED
JUN 12 2010
TALLAHASSEE, FLORIDA

2018 JUL 12 AM 10:40
SCOTT COUNTY, ALA
ALLA HASSETT, FLORIDA

2018 JUL 12 AM 10:20
ALLA HASSER, FLORIDA

FILED

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 07/10, 2018.

George R Seward
Signature of a member or authorized representative of a member

GEORGE R STEWART
Typed or printed name of signee