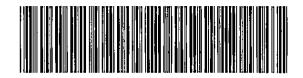
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(Requestor's Name)	
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(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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SECRETARY OF STATE

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COVER LETTER

STO:

Registration Section Division of Corporations

> MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: A+	Ruano's Name of Limi	Framing, LL ted Liability Company	<u>C</u> .
	mendment and fee(s) are submendence concerning this matter t		
	_Emita	Montano Name of Person	
	A+ Ruan	0's Siding, LLC	
	213 Bay	St. N.W.	
	ft-Walton Emita mo E-mail address: 110	Beach: Fl. 3250 City/State and Zip Code of be used for future annual report notifical	48 com
For further information con	ncerning this matter, please ca	II:	
Emita H	ontano Person	at (<u>\$50</u>) <u>226 –</u> Area Code Daytime Te	2107 · lephone Number
Enclosed is a check for the	-		
\$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)
_			

STREET/COURIER ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000155 764</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab A Rugno's Framing The new name must be distinguishable and contain the words "Limited Jaba"	7/0.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	213 Bay st. N.W. Fl. Walton Beach, Fl. 32548
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	, Florida

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
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			☐ Remove
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an effecti lo te: f t	we date is listed, the date in the date inserted in this is effective date on the	iust be specific an block does not i	id cannot be pric meet the appli	cable statutory	or more than 90 da	ays after filing.) P	
The 90	d specifies a delayenth day after the re	ecord is filed.			ve time, at 12	2:01 a.m. or	the earlier of
ated	06/28		. 2018	<i>)</i>			

Page 3 of 3

Filing Fee: \$25.00