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COVER LETTER

| Divis | sion of Corp | porations | | | | |
|------------------|---------------|---|---|--|--|--|
| SUBJECT: | ACT Siding | LLC | | | | |
| | | Name of Limi | ited Liability Company | | | |
| | | | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are subr | mitted for filing. | | | |
| Please return o | all correspor | ndence concerning this matter t | to the following: | | | |
| | | Adam E. McGarvey | | | | |
| | | | Name of Person | | | |
| | | ACT Siding LLC | | | | |
| | | | Firm/Company | | | |
| 1894 Harvest Way | | | | | | |
| | Address | | | | | |
| | | Middleburg, FL 32068 | | | | |
| | | exteriorsuperiorllc@gmail.c | City/State and Zip Code om | | | |
| | | E-mail address: (t | to be used for future annual report notific | cation) | | |
| For further inf | formation co | ncerning this matter, please ca | all: | | | |
| Adam McGar | vey | | 904 548-7548 at () | | | |
| | Name of | Person | at () | Telephone Number | | |
| Enclosed is a | check for the | e following amount: | | | | |
| ■ \$25.00 Fit | ling 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:

TO:

Registration Section

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

| ACT Siding | | | 19 |
|--|---|--|------------------------|
| (Name of the Limit | ted Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | SS: P |
| The Articles of Organization for this Limited L | iability Company | were filed on October 03, 2018 | Tand assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | pility company here: | |
| N/A | | | |
| The new name must be distinguishable and contain the v | words "Limited Liabi | ility Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applic | cable: | N/A | |
| (Principal office address MUST BE A STREE | | N/A | |
| | | Ñ/A | |
| Enter new mailing address, if applicable: | | N/A | |
| (Mailing address MAY BE A POST OFFICE | BOX) | N/A | |
| | | N/A | |
| B. If amending the registered agent and registered agent and/or the new registered o | %.r | | er the name of the new |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | N/A | | |
| | | Enter Florida street address | |
| | N/A | , Florida | N/A |
| | | 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> | Name | Address | Type of Action |
|--------------|-------------------|---|----------------|
| MGR | Timothy J. Gabler | 9121 Maxville Middleburg Rd Maxville, FL 32234 | ■ Add |
| | | | ☐ Remove |
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| | | | 🗖 Add |
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| | | | Change |

| D. If an | nending any other informatio | n, enter change(s) here: (Attach additional s | heets, if necessary.) |
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| (If an e <u>Note</u> docu | effective date is listed, the date must be If the date inserted in this block ment's effective date on the Department. | | uirements, this date will not be listed as the |
| | ecord specifies a delayed e le 90th day after the recon | effective date, but not an effective time, d is filed. | at 12:01 a.m. on the earlier of: |
| Date | d | 2018 | |
| | adam E | gnature of a member or authorized epresentative of a n | |
| | Adam E. McGarvey | | 79 |
| | | Typed or printed name of signee | SEE 3: 0 |
| | | Page 3 of 3 | : 52 FL |

Filing Fee: \$25.00