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18 DEC 13 PN 4: 32 SLORE LALGE OF STATE TALL AHASSEE, FLORIDA

DEC 2.1 2018 S. YOUNG

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT: AU		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	_	Name of Person  Pirm/Company	LC		
	<u>35160 W.</u>	Orang Bloss	iom Trl		
	Apopka Koostanne E-mail address: (	City/State and Zip Code  283 @ Cro O. C.  to be used for future annual report notifi	ication)	18 DEC 13	TILED
For further information co	oncerning this matter, please ca			13 PH 4: 32	
Kashy C	CSAC Person	at ( <u>350</u> ) <u>308</u> . <u>S</u> Area Code Daytime	CSC . Telephone Number	32 NDA	
Enclosed is a check for th	ne following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	n		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWS Garage Doors LL	1
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	any)
The Articles of Organization for this Limited Liability Company were filed or	on and assigned
Florida document number <u>L180000264135</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	02 <b>5</b>
	2 2
B. If amending the registered agent and/or registered office address here:	ss on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er Florida street address
City	, Florida 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 th

If Changing Registered Agent, Signature of New Registered Agent

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 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
MCP	KAthy Costa	PCBCX 114	
		Nobleton Fl 34661	X Remove
			Change
<u>mcr</u>	Allen Perrenult	1835 Lake Hill Cir	🗆 Add
		Orlando FL 3288	Remove
			Change &
			FILED Remove
			SEE Remove
			FLOOD Change
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Affective date, if	other than the date	e of filing: \\.	prior to date of filing		otional) fter filing.) Pursuant to 605.0
Note: If the date i		loes not meet the a	pplicable statutory		this date will not be listed
	ifies a delayed effor after the record		t not an effecti	ve time, at 12:0	1 a.m. on the earlie
Dated\\.	31.11	Mr. S			
		11/1/2-X	Leave-		
	Signa	sture of a member or	authorized represent	ative of a member	-

Page 3 of 3

Filing Fee: \$25.00