## 11900034548

| (Requestor's Name)                      |
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| (Business Entity Name)                  |
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## **COVER LETTER**

| porations                                       |  |  |  |   |
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|   |  |  |  |   |
| ndence concerning this matter t                 | o the following:   |  |  |   |
|   | le Jesus<br>Name of Person   | <u></u> -  |  |   |
| _ Exterior                                      | 5 Unlimited 1  | L.L.C  | 20   |   |
| 5458 Hi   | dden Gardens   | 012  | 119 JUN 2  | <u> </u>  |
| Jacksonu  | City/State and Zip Code  |  |  |   |
| <u>Extenors Un</u>                              | o be used for future annual report notif   | all. Com   | : 10   |   |
| oncerning this matter, please ca                | all:   |  |  |   |
| Jesus<br>Person                                 | at (ADU) 868 -<br>Area Code Daytime  | 3461<br>e Telephone Number   | _  |   |
| ne following amount:                            |  |  |  |   |
| □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certificate of S<br>Certified Copy   | Status &   |   |
| ration Section<br>on of Corporations<br>ox 6327 | Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Ce  | enter Circle   |  |   |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Exteriors Unlimited  | C.C.C  |
|--|--|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | any as it now appears on our records.)<br>Liability Company)       |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1900034548</u>               | were filed on $\frac{2/4/2019}{}$ and assigned                     |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liab  | oility company here:   |
| The new name must be distinguishable and contain the words "Limited Liab   | ility 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)                  | 5458 Hidden Garden & DR<br>Jacksonville, FL 32258                  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                     | 5458 Hidden Bardens DR 5<br>Tackson ville, FL 32258                |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. | office address on our records, enter the name of the new           |
| Name of New Registered Agent:  New Registered Office Address: 5458   | Hidden Oardens DR  |
|  | Enter Florida strect address  ONVILLE, 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 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 Address Type of Action Title Name MGR Suzanne Cameron 5458 Hidden Gardens My Add Jacksonville, FC 32258 □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove □ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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| Iffective d    | late, if other tha                       | n the date of  | filing:            | prior to date of filing | or more than 90 day                   | (optional)<br>ys after filing.) Pursuar | it to 605,0207 |
| Note: If the   | e date inserted in the effective date on | his block does | not meet the ap    | plicable statutory      | filing requiremen                     | ts, this date will not                  | be listed as   |
| uocument s     | s checure date on                        | те Бераттеп    | it of State 3 reco |                         |                                       |   |                |
| ne record      | specifies a de                           | layed effect   | ive date, but      | not an effect           | ive time, at 12                       | :01 a.m. on the                         | e earlier of   |
| The 90t        | th day after the                         | e record is f  | iled.              |                         |                                       |   |                |
| Dated <u>5</u> | une 21                                   |                | 201                | <u>a_</u> .             |                                       |   |                |
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Filing Fee: \$25.00