L19000052584

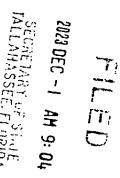
(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400419638164

12/01/23--01022--014 *+25.00





COVER LETTER

TO: Registration Sec Division of Corp			
SCHINDLE SUBJECT:	R SIDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	ROBERT L SCHINDLER		
		Name of Person	
	SCHINDLER SIDING LL	С	
		Firm/Company	
	2715 BROOKVILLE DR		
		Address	····
	VALRICO FL 33596		
Englishes is Competing and	Bobby Schin E-mail address: (City/State and Zip Code dler 32 0 amail to be used for future annual report notifi	.Com
For further information co	oncerning this matter, please c	an.	
ROBERT SCHINDLER		813 841-4980 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S	ection	Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHINDLER SIDING LLC (Name of the Limited Linb) (A Flori	ility Company as it now appears on our records, da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000052584	Company were filed on 02/22/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADL	RESS)	\$5.5.00
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here		25 5 6
Name of New Registered Agent: N/A		
New Registered Office Address:		
	, Flo	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, and agent as provided for in Chapter 605, F red office address, I hereby confirm that	I I am familiar with and '.S. Or, if this document is

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
AMBR	TYLER TIRRITO	2715 BROOKVILLE DR VALRICO FL 33596	
			🗆 Remove
			🗀 Change
			□Add
		····	□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
		12.497	□Remove
			Change
			□Add
		-Langue	□Remove
			Change
			□Add
			□Remove
			□Change

	'A		
_			
_			
_			
_			
_			
_			
		$\Sigma_{\rm co}$	Α.
_			2023 DEC
		## ##	0
_		35	Ω,
_		S 20	-
	Ţ.	ار از	>
_		•	7
		િં ડ	Ó
fectiv	re date, if other than the date of filing:	u č	5

Filing Fee: \$25.00

Typed or printed name of signee