419 0000 802 18

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

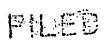
TO:	Registration Sec Division of Corp	tign orations	•	ā.	•
	Advanced C	ommercial Railing			
SUBJ	ECT:	Name of Limit	ed Liability Company		
		Amendment and fee(s) are subm			
Please	e return all correspoi	ndence concerning this matter to Barbara Janel Love	o die following.		
			Name of Person		
SUBJECT The enclose Please return the Barbara J Enclosed		Advanced Commercial Rail	ing		
			Firm/Company		
		22385 County Road 455			
			Address		
		Howey in the Hills, Fl 3473	7		
		advancedrailing@gmail.com	City/State and Zip Code		
		E-mail address: (t	o be used for future annua	l report notification	1)
For fu	arther information c	oncerning this matter, please ca	dl:		
Barba	ıra Janel Love			59-6563	
	Name o	f Person	at () Area Code	Daytime Telep	phone Number
Enclo	osed is a check for the	ne following amount:			
s	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 OF



Advanced Commercial Railing		2019 HAY 15 P 1: 23	
(Name of the Lim	ited Liability Company as it now ar (A Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed or	03/22/2019 LAHASGELE FLushiand assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	y 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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		s on our records, <u>enter the name of the no</u>	
N. D. L. and Office Address.	22385 County Road 455		
New Registered Office Address:	Enter Florida street address		
	Howey in the Hills	, Florida ³⁴⁷³⁷	
	City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		
provisions of all statutes relative to the pro-	per and complete performano gistered agent as provided for	in Chapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	Timothy Love	22385 County Road 455 Howey in the Hills, FL 34737	™ Add
			Remove
			☐ Change
		-	
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
			□ Change

			
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Effective date, if oth	ner than the date of filing:	(optional) date of filing or more than 90 days after filing.) Pursuant to	
Note: If the date inse	ed, the date must be specific and cannot be prior to durted in this block does not meet the applicable date on the Department of State's records.	e statutory filing requirements, this date will not be	605.0207 listed as
e record specifie The 90th day af	s a delayed effective date, but not a ter the record is filed.	in effective time, at 12:01 a.m. on the ea	arlier of
ا۔ انا	9 2019		
Dated 4 12 1	1) =	. , , , , ,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00