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Amend Cus

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COVER LETTER

TO:		istration Se Ision of Cor						
SHR 1E7	cu.	D7 Exterior	s LLC					
SUBJECT: Name of Limited Liability Company								
The encl	losed	Articles of .	Amendment and fee(s) are subr	nitted for filing.				
Please re	eturn	all correspo	ndence concerning this matter t	o the following:				
			Anthony C. Hill					
				Name of Person				
			D7 Exteriors LLC					
				Firm/Company				
			1016 Thomas Dr unit 339					
	·							
			Panama City Beach FL. 324	08				
			acoreyhill1975@gmail.com	City/State and Zip Code				
			= :	be used for future annual repo	rt notification)			
For furthe	er int	formation co	ncerning this matter, please cal	I:				
Anthony	C. H		Person	850 449-30				
		Name of	Person	Area Code D	aytime Telephone Number			
Enclosed	18 a c	check for the	following unrount:					
■ \$25.0	ye Fii	ling Fee	S30.00 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)			
F [Regi Divi:	ng Address: stration So sion of Co Box 6327	ection rporations					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D7 Exteriors LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 05/14/2019 and assigned
lorida document number L19000130011	
his amendment is submitted to amend the following:	
a. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:
he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	020
	· 1
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	20
. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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
AMBR	Anthony C. Hill	9856 Creet Cir. Navarre FL. 32566	□Add
			■Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than the antical effective date is listed, the date in some: If the date inserted in this indument's effective date on the	nust be specific and canno block does not meet th	t be prior to date of e applicable state	filing or more than 90	(optional) days after filing.) Pursuan ments, this date will not	t to 605.0207 be listed as
record specifies a delayed effect is filed.	tive date, but not an eff	ective time, at 12	2:01 a.m. on the ear	lier of: (b) The 90th de	y after the
ated May 1st	202	0			
· · ·					
AAA					
A Con	Eighature of a member	or authorized repr	resentative of a memb	er	

. . . .

Filing Fee: \$25.00