

L19000169570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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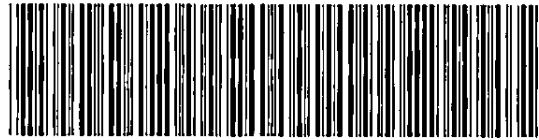
(Business Entity Name)

(Document Number)

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K. HUNT

56/24/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALAN ASTON LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW BAKER

\_\_\_\_\_  
Name of Person

ALAN ASTON LLC

\_\_\_\_\_  
Firm/Company

113 SOUTH MONROE STREET ALLIANCE CENTER

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32301

\_\_\_\_\_  
City/State and Zip Code

SPECIALISTSHEETMETAL@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW BAKER

850 778-8088  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
TALLAHASSEE, FL  
JAN 11 2011 5:00 PM

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALAN ASTON LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/28/2019 and assigned  
Florida document number L19000169570.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SHEET METAL SPECIALIST LLC

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

7901 4TH ST N, STE 300

SAINT PETERSBURG, FL 33702

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7901 4TH ST N, STE 300

SAINT PETERSBURG, FL 33702

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

REGISTERED AGENTS INC

New Registered Office Address:

7901 4TH ST N, STE 300

*Enter Florida street address*

SAINT PETERSBURG

Florida 33702

*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.*

REGISTERED AGENTS INC

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BAKER, MATTHEW	7901 4TH ST N, STE 300	<input type="checkbox"/> Add
		SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2016 JUN 13 PM 5:00  
 COUNTY OF STATE  
 TAMPA, FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

207L 21 PM 5:00  
HART OF STATE  
MISSISSIPPI, FL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/21 2024

MATTHEW BAKER

Signature of a member or authorized representative of a member

MATTHEW BAKER

Typed or printed name of signee