# LI9000 275 781

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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### **COVER LETTER**

TO:

Registration Section

Division of Co	rporations			
Florida Si	<del>-</del>			
SUBJECT:	Name of Lim	rited Liability Company	<del> </del>	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jose E Batista Rivera			
		Name of Person		
	Florida Siding LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	·	
	1101 Creek Wood Circle			
		Address		
	St. Cloud, FL 34772			
		City/State and Zip Code		
	hozayb1975@gmail.com	to be used for future annual report no		
Exp fronther information		•	nication)	
	concerning this matter, please o	an.		
Wilian R Lopez		407 860-9298 at ()		
Name	of Person	Area Code Daytir	ne 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)	
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee,			pe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Siding LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on November 05, 2019	and assigned
Florida document number L19000275781	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable	::	i- G
(Principal office address MUST BE A STREET A	DDRESS)	: <u>'</u>
	<del></del>	·
		: 5:
Enter new mailing address, if applicable:	<del></del>	07
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis	tered office address on our records, enter the	name of the new registered
agent and/or the new registered office address he	ere:	- · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
Name of New Registered Agent.		<u></u>
New Registered Office Address:		
	Enter Florida street address	
_	, Floric	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Wilian R Lopez	616 Summit CT	<b>■</b> Add	
		Kissimmee, FL 34741	□Remove
			□Add
		□Remove	
			□Change
	<del></del>		□Add
			□Remove
			☐ Change
		<del>.</del>	□Add
		□Remove	
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		□Remove	
	<u> </u>	□Change	
	<del></del>	□ Add	
		□Remove	
			☐ Change

# Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
(If an e	tive date, if other than the date of filing: November 25, 2019 (optional)  fective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	November 25th, 2019.  Signature of a member or authorized representative of a member
	1200 811-1-
	Typed or printed name of signee