L20000 200091

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) |) |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



300352467813

09/23/20--01008--023 **25.00

2020 SEP 23 AM 11:49

1070 272

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| FGW ONE | , LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Wanda Brewer Ickes | | |
| | | Name of Person | |
| | FGW ONE, LLC | | |
| | wanda Brewer Ickes Wanda Brewer Ickes Name of Person FGW ONE. LLC Firm/Company 1818 Watermere Lane Address Windermere. FL 34786 City/State and Zip Code wickes@proliftdoors.com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: a B Ickes Name of Person Area Code Daytime Telephone Number seed is a check for the following amount: 15.00 Filing Fee \$ \$60.00 Filing Fee | | |
| | 1818 Watermere Lane | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Windermere, FL 34786 | | |
| | ** | City/State and Zip Code | |
| | ~ . | | |
| For further information of | | | tification) |
| Wanda B Ickes | | 407 595-3645 | |
| Name o | of Person | at () Area Code Daytii | me Telephone Number |
| Enclosed is a check for t | he 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 | | <u>Street Address:</u> Registration S | ection |
| Division of C | Corporations | Division of Co | orporations |
| P.O. Box 632 | | The Centre of | Tallahassee oe Street, Suite 810 |
| Tallahassee, | LL 34314 | Z415 IN. MORE | or parcet, pante o to |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FGW ONE, LLC | | |
|--|---|--------------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our rec d Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 07/11/2020 | and assigned |
| Florida document number L20000200097 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "I. | |
| Enter new principal offices address, if applicable: | | 2020 |
| Principal office address MUST BE A STREET ADDRESS) | <u>.</u> | SE T |
| | | 3 - |
| | | SEE TO |
| Enter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | <u> </u> | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, <u>ent</u> | ter the name of the new regist |
| Norman C Naur Danistorad Agents | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ada | lense |
| | | |
| | | Florida 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> | Address | Type of Action |
|--------------|----------------|---|-------------------------|
| CEO | Daniel K Ickes | 1818 Watermere Lane, Windermere, FL 34786 | ≣∧ dd |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | ************************************** | 2020 □Remove T □Change |
| | | AUSE THE | AH |
| | | | □ Change |
| | | | □ Add |
| | | · | □ Remove |
| | | | 🗆 Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | |

| | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|--------------|---------------|
| | | | <u>-</u> | | |
| | | | | | |
| | | | | | |
| | | · | , | | |
| | | · · · · · · · · · · · · · · · · · · · | . | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | 2020 | |
| | | | • • • • • • • • • • • • • • • • • • • | <u>8</u> | -77 |
| | | | - 14 <u>-</u> | 2 | |
| | | | တ် (၁) | | LL! |
| | | | | AH II: | Ö |
| | | | <u> </u> | - <u>-</u> - | |
| . . | | | ••: | | |
| | | | | | |
| • | | | | | |
| | | | | | |
| | 07/24/2020 | | (ambianul) | | |
| ective date, if other than the confective date is listed, the date must | be specific and cannot be prior to da | te of filing or more than 90 | | | |
| te: If the date inserted in this blo- ument's effective date on the De | | statutory filing requiren | nents, this date | will no | t be listed a |
| • | | | | | |
| cord specifies a delayed effective | date, but not an effective time, | at 12:01 a.m. on the earl | lier of: (b) Th | e 90th (| lay after the |
| s filed. | | | | | |
| ed | 2020 | | | | |
| ed | | les | | | |
| | AVIPO 1 101 | <i>(</i>) | | | |

Typed or printed name of signee