L20000250377

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Received 07/02
	Office Use Only () 7/07/2 (



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RECEIVED

2021 JUL -2 PM 3:02

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2021

LEE HANGER 2517 BERNICE CT MELBOURNE, FL 32935

SUBJECT: EASY UP SHUTTERS & SHADES LLC

Ref. Number: L20000250377

We have received your document for EASY UP SHUTTERS & SHADES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 221A00013598

www.sunbiz.org

Division of the property of th

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT: <u>Eas</u>	y Up Shotters Name of Limi	+ Shoules LLC ted Liability Company	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	LEE HANG	ER	
	EABY UP SHU	Firm/Company	<u> </u>
	2517 BERNIC	ECT	
	MELBOURNE	FL 32935	
	lechangera	FL 32935 City/State and Zip Code Casys Shottes, c be used for future annual report notif	Com
			ication)
For further information c	oncerning this matter, please ca	dl:	
Lee Hang	SC	··· (<u>V ···</u> / <u>· · ·</u> /	5300
Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		(1) (2) (2)
□ \$25,00 Filing Fee	SS30.00 Filing Fee & Certificate of Status USE PREVIOUSLY RECIEVED CHECK	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASY UP SHUTTERS & SHAPES LLC

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

(A Florida Limited Liability Company)

(A Florida Elithica C	claumity Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000377</u> .	were filed on Aug 17 2020	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.	IC."
Enter new principal offices address, if applicable:	1591 CYPRESS AVE		
(Principal office address MUST BE A STREET ADDRESS)	1591 CYPRESS AUE MELBOURNE, FL 329	135	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the nev	<u>v registered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida	2221	1129
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		1	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar wit if th <mark>is</mark> docu	h a nd iment is

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 Type of Action Title Name Address LEE HANGER 2517 BERNICE CT BAdd MELBOURNE, FL 32935 Remove VP JOSEPH REESE 1305 RIVERMONT DR XAdd MELBOURNE, PL 32935 Remove ______ □Add ____ Change □ Change <u>, -</u> □Add--P □ Remove 2 □Change _____ □Add

If amending any other information, enter change(s) here: (Attach additional sheets, PERCENTAGE	
LEE HANGER 60%	
JOSEPH REESE 40%	
	P15
Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date.]	(optional), ays after filing) (Fursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	2 2
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied ord is filed.	er of: (b) The 90th day after the 2
Dated Sune 28, 2021. Signature of a member or authorized representative of a member	
LEE HANGER Typed or printed name of signee	