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 $\{\partial_{m_{k}}(x,x,y): x\in \mathbb{R}^{n_{k}} \mid x\in \mathbb{R}^{n_{k}}\}$

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COVER LETTER

TO: Registration So Division of Cor			
	IDE EXTERIORS OF JACKS	SONVILLE, 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:	
	AARON THALWITZER		
		Name of Person	
	GORDON & THALWITZ	ER	
		Firm/Company	.
	299 N. ORLANDO AVE		
		Address	
	COCOA BEACH, FL 329	31	
		City/State and Zip Code	
	CORPORATE@BREVAR		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no att:	ouncation)
AARON THALWITZEI		321 799-4777	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration		Street Address: Registration S	ection
Division of C	corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of	
rananassee,	LL 34314	2410 IV. IVIOIII	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONWIDE EXTERIORS OF JACKSONVILLE, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L20000302346}{L20000302346}$.	vere filed on <u>9/24/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
NATIONWIDE GENERAL CONTRACTING OF FLORIDA, JACKS	ONVILLE, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, <u>enter the na</u>	ume of the new register
Name of New Registered Agent:		~ <u>`</u>
V. D. (100)		122
New Registered Office Address:	Enter Florida street address	<u> </u>
		12
	, Florida _ , City	✓ ZIECode
New Registered Agent's Signature, if changing Registered Agent:		2
I hereby accept the appointment as registered agent and agree		
provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as pr	rovided for in Chapter 605, F.S. O	r, 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 ad or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			⊟Add
			□Remove
			□Change
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			□Remove
			□Change
			⊡Add
			□Remove

	
	
	
Effective dat	e, if other than the date of filing:
(If an effective da Note: If the d	ate 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 (date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ffective date on the Department of State's records.
he record specil ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ora is mea.	
Dated Septem	aber 15 2022
<u> </u>	
	Signature of a member or authorized representative of a member
ΑA	ARON THALWITZER - AUTHORIZED AGENT
	Typed or printed name of signee