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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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COVER LETTER

TO:	Registration S Division of Co				
CUDIC		VIDE EXTERIORS OF ORLA	NDO, LLC		
SUBJE	UI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		AARON THALWITZER			
			Name of Person		,
		GORDON & THALWITZ	ER		
			Firm/Company		•
		299 N. ORLANDO AVE.			
			Address		22:
		COCOA BEACH, FL 329.	31		ii.vi ii SEP 2
		- · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		20 1
		CORPORATE@BREVAR			
For furth	var information o	E-mail address: (concerning this matter, please c	to be used for future annual report	rt notification)	AHIO: 31
AARON	THALWITZE:	R	321 799-47 at ()	77 	
	Name c	of Person	Area Code D	aytime Telephone Number	
Enclosed	d 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) Certified	te of Status &
	Mailing Addre		Street Addre		
Registration Section Division of Corporations		Registration Division of	n Section Corporations		
P.O. Box 6327			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONWIDE EXTERIORS OF ORLANDO, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were full Florida document number $\frac{L20000302371}{L20000302371}$.	iled on 9/24/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
NATIONWIDE GENERAL CONTRACTING OF FLORIDA, ORLANDO.	LLC
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	22 %
	TO 20
Enter new mailing address, if applicable:	20 Zi
	3.40 2
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> မ မ</u> မြ
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	; - · · · · · · · · · · · · · · · · · ·

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 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 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
			□Add
			□ Remove
			Change
			□Add
			Remove 22 SCP Change
			Add Di Add Ci C
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more: It'the date inserted in this block does not meet the applicable statutory filing nument's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 60: requirements, this date will not be list	5.020 ted as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or s filed.	the earlier of: (b) The 90th day afte	er the
ed September 15 2022		

Typed or printed name of signee