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COVER LETTER

TO:

ΓΟ: Registration Division of	n Section Corporations	•	:
2010 202 2011	N TRIM & DOOR LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
lease return all corre	espondence concerning this matter	to the following:	
	TYLER MIXON		
		Name of Person	
	MIXON TRIM & DOOR	LLC	
		Firm/Company	
	1009 LEES LAKESIDE C	rr	
		Address	
	LONGWOOD FL 32750		
		City/State and Zip Code	-16
	wandastumbo621@gmail.c		
For further informatic	E-mail address: (on concerning this matter, please e	to be used for future annual report not all:	ification)
TYLER MIXON	The second of th	407 955-8540	
Nar	ne of Person	at () Area Code Daytin	ne Telephone Number
inclosed is a check f	or the following amount:		
\$25.00 Filing Fed \$25.00 Filing Fed	e	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ade Registratio		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box (The Centre of T	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIXON TRIM & DOOR LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/05/2021}{2}$ ____ and assigned Florida document number L21000157115 This amendment is submitted to amend the following: 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 "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 anrending 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	KYLIE MILLIRON	1009 LEES LAKESIDE CT LONGWOOD FL 3275	0 ŽÎ∧dd
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
		- 	□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing: 08/19/2621 (Optional) Of an effective 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 (Note: If the date inserted in this block does not meet the applicable structory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated OS/19/2021 J. J. W.		
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Filing Fee: \$25.00