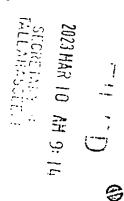
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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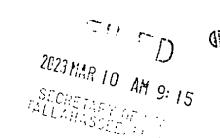


## COVER LETTER .

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SOUTHEA SUBJECT:	AST EXTERIOR SOLUTIONS	i, LLC			
	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SETH DUMAS				
	Name of Person  SOUTHEAST EXTERIOR SOLUTIONS, LLC				
	Firm/Company				
		Address			
	DELAND, FL 32724				
	City/State and Zip Code				
	E-mail address: (	to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
SETH DUMAS		603 203-6165			
Name of Person			ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addres</u> Registration (		Street Address: Registration Se	ection		
Division of C		<del>-</del>	Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee,					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOUTHEAST EXTERIOR SOLUTIONS, 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  $\frac{02/08/2023}{2}$ and assigned Florida document number \_\_\_\_\_\_L23000072147 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 "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 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 \_, 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 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>	Name	Address	Type of Action
MGR	ASHLEY DUMAS	409 EAST PLYMOUTH AVE	
		DELAND, FL 32724	≣Remove
			□Change
MGR SETH DUMAS	SETH DUMAS	409 EAST PLYMOUTH AVE	<b>≅</b> Add
		DELAND, FL 32724	□ Remove
			□Change
			□Add
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<u>Note:</u> 1	te date, if other than the date of filing:  (optional)  (itive 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
e record rd is file	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 d.
Dated _	March 8th 2023

Filing Fee: \$25.00