6/28/23, 11:45 AM

To:

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000229437 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | | |
|-------|----------|--|--|--|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRESH CUT EXTERIORS LLC



| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 07 |
| Estimated Charge | \$55.00 |

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JUN 2 9 2023

Registration Section

From: Laura Rodriguez

TO:

COVER LETTER

| Division of Co | prporations | | |
|---------------------------|---|---|--|
| FRESH (| CUT EXTERIORS LLC | | |
| SUBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Cheyenne Moseley | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 101 N Brand Blvd 11th F1 | | |
| Address | | | |
| | Glendale, CA 91203 | | |
| | blakelacey00@gmail.com | City/State and Zip Code | - |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information | concerning this matter, please ca | all: | |
| Cheyenne Moseley | | 800 773-0888 at () | |
| Name | of Person | Arca Codc Daytime | Telephone Number |
| Enclosed is a check for t | the 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) |
| | JING ADDRESS: | STREET/COURIE | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

POCCU CUT EVECTIONS LLO

ARTICLES OF AMENDMENT TO: ARTICLES OF ORGANIZATION **OF**

| (A Florida Limited | nny as it now appears on our records.) Liability Company) | |
|--|--|--------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000090003</u> | were filed on 02/20/2023 | and assigned |
| This amendment is submitted to amend the following: | • | |
| - | 100 | |
| A. If amending name, enter the new name of the limited liab | nhty company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1017 3rd St. | 20. |
| (Principal office address MUST BE A STREET ADDRESS) | Neptune Beach, FL 32266 | - 7.5 |
| | | : |
| | | () |
| Enter new mailing address, if applicable: | 1017 3rd St. | |
| (Mailing address MAY BE A POST OFFICE BOX) | Neptune Beach, FL 32266 | |
| | | - |
| | | |
| B. If amending the registered agent and/or registered of | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | g: | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | g: | ter the name of th |

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

To:

| Title | Name | Address | Type of Action |
|----------------|-------------|--|----------------|
| AMBR | Blake Laccy | | |
| | | | Add |
| | | | Remove |
| | · | 1017 3rd St., Neptune Beach, FL 32266 | |
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| (If an effer <u>Note;</u> I | f the date inserted in this block does not meet the | t be prior to date of filing or more than 90 days after filing.) Pursuant to e applicable statutory filing requirements, this date will not be i |
|--------------------------------|---|---|
| docume | nt's effective date on the Department of State's | records. |
| If the race | ard specifies a delayed offective date | but not an effective time, at 12:01 a.m. on the ear |
| | 90th day after the record is filed. | but not an effective time, at 12.01 a.m. on the ear |
| | | |
| Dated _ | June 20th, 2 | <u>023</u> . |
| | Bel | (~~ |
| | Signature of a member | or authorized representative of a member |
| | | |
| | Blake Lacey | |

Page 3 of 3

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