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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| TO: | Registration Se Division of Cor | porations | | |
|------------|---------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJ | ECT: | BROTHERS E | XTERIOR AWMIN | IVM, LLC. |
| | | | | |
| The er | iclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please | return all correspo | ndence concerning this matter t | o the following: | |
| | | CHRISTOPH | FER DELEM | NDO_ |
| | | BROTHERS | EXTERIOR_ Firm/Company | ALUMINUM, LIC. |
| | | 9160 FO | RUM CORPORATE | PARKWAY Ste. 350 |
| | | _BEALUMIN | SFL 330 City/State and Zip Code JUM & GMAIL TO DE USECUTOF TRUTTE annual report House | COM_ |
| For fu | rther information c | oncerning this matter, please ca | II: | 6278 |
| — <i>І</i> | CHRISTOP Name o | HER DELGAT | Area Code Daytime | Telephone Number |
| Enclo: | sed is a check for th | ne following amount: | | |
| □ S: | 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 Addres Registration S Division of C | Section | Street Address: Registration Sec Division of Corp | |
| | P.O. Box 632 Tallahassee, 1 | | The Centre of Ta | allahassee Street, Suite 810 |
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BROTHERS EXFERIC | OR ALUMINUM, LIC. |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) lability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number _ L 2 3 0 00 30 4 4 i | • |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | |
| Enter new principal offices address, if applicable: | 9160 FORUM CORPORATE PARKWAY SH. 350 -FT MYELS, FL. 33905 |
| (Principal office address MUST BE A STREET ADDRESS) | -FT MVELS, FL. 33905 |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | 9160 FORUM CORPORATE PARKNAY Ste350 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered |
| 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.

Zip Code

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

| Title | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| \checkmark | JONATHAN DELGADO | 2224 DASIS PALM CIR, APT. 214 | XAdd |
| | | CAPE CURAL, FL 33991 | □Remove |
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| (If an ef <u>Note:</u> | fective date is If the date | f other than t s listed, the date r inserted in this tive date on the | nust be specific block does r | and cannot boot meet the | applicable si | of filing or mor | (optio e than 90 days after requirements, this | filing) Pursus | ant to 605.0207 of be listed as | (3)(b) the |
| the recor | rd specifies led. | a delayed effec | tive date, but | not an effec | tive time, at | 12:01 a.m. on | the earlier of: (b) | The 90th | day after the | |
| Dated | 8 | 3-22- | 2029 | / | | | | | | |
| | | | | MH | DT/ | | | | | |
| | | | Signature | of a member o | or authorized | epresentative of | f a member | | | |
| | | | P.H.R | SISTMA | HFR | Nel | (1AT) (1 | | | |
| | | | | Typed o | r printed nam | e of signee | GADO | - | | |

Filing Fee: \$25.00