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To:

Division of Corporations

rax Number

: (850)61/-6383

From:

: RC TAX SERVICE HIC Account Name

Account Number : 120140000083

Phone Fax Number : (40/)932-0040 : (407)520-5473

annual report mailings. Enter only one email address please.**

**Entor the email address for this business entity to be used for future

Email 1	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROFFIN WINDOWS, LLC

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SEP 2 7 2016

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Corporate Filing Menu

Help

COVER LETTER

TO: Ref Div	gistration Se rision of Cor	ction porutions				
SUBJECT:	PROFITIN Y	windows llc				
		Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub	-			
		IVAN CASANUEVA				
			Name of Person			
		PROFFIN WINDOWS LI	.c			
			Firm/Company		ক্র	产资
	•	1003 AMERICAN ROSE	PKWY		晉	AET
			Address		26	455.4 455.4
		ORLANDO, FL 32825			1	
			City/State and Zip Code		9: 24	
		B-mail address: (to be used for future annual report not	ification)	F	
For further in	formation co	oncerning this matter, please c	aU:			
IVAN CASA	NUEVA		407 309-7139			
	Name of	Person	at () Area Code Daytin	ne Telephone Number	-	
Enclosed is a	check for the	o following amount:				
≅ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Cortificate of St Certified Copy (additional copy is c	atus &	

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFFIN WINDOWS, LL	
(Name of the Limited Liability Company as it now apnea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{09}{2}$	9/12/2016 and assigned
Florida document number L16000170043	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
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)	- 영 등은
	THE STATE OF THE S
	26 SS
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9
(maining agares) MAT BE A TOST OF THE BONG	2 3
Par magneye de Mintel Par de A	R.
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter Flo	orida street address
	, Florida
City	Zip Code

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

SEP-26-2016 12:30 From:

4045205473

To:8506176383

Page: 4/5

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	LUISA RICHARDSON	1003 AMERICAN ROSE PKWY	Add
		ORLANDO, FL 32825	
	:		□ Remove
			☐ Change
	· ·		- Remove
			AH43:
	·		P Refinove >
	·		☐ Change
			Add
	÷		□ Remove
	•		Change
			Add
			□ Remove
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	·		T Change

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The 90th day after the record is filed.

Dated SEPTEMBER 26 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00