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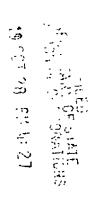
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Amend

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Window & Door Plenovations, LLC Name of Limited Liability Company
The encle	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Gudiel Tryjillo Legua Name of Person
	Window & Dar Benovations, LLC
ı	2938 Via Del Lago Address
	City/State and Zip Code 4 Udiel 2 406 @ gmail. Com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
<u>Y</u> u	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
T \$25.0	00 Filing Fee Solution Status Solution Status Certified Copy (additional copy is enclosed) Solution Status So

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida I	Cimited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000b4839</u>	empany were filed on $\frac{03/31/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	29765 Wilitary Trail Suite.
(Principal office address MUST BE A STREET ADDRE	issi West jalm Blach, Fl 33415
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3801 S. Soth Ter Greenacres, FL 33463
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
Name of New Registered Agent:	diel Trujillo Leyva
New Registered Office Address:	015 Nilitary Trail Suite 3
Greenacres, W	Enter Florida street address City Enter Florida 33 463 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

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	Name Yudiel Trujillo Leyva	Address 3801 S. Sbth Ter Greenacres, FC 334	Type of Action ☐ Add
			☐ Change
			🗖 Add
			☐ Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			🗆 Add
			☐ Remove
			□ Change

\mathbb{Z}	Please principal & mailing addresses and register agent & authorited person's addresses
<u></u>	register agent & authorized person's
	addresses
17 66 - 41	e date, if other than the date of filing:(O] 14/2019(optional)
fan effect	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	t's effective date on the Department of State's records.
ne recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 0th day after the record is filed.
Dated	Oct 14 , 0019.
	XV01 -
	Signature of a member of authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00