

L17000183214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

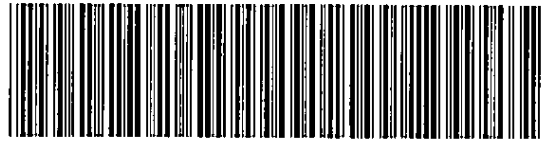
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2019 AUG 9 A 10 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

'AUG 14 2019
T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A COMPLETE WINDOW COMPANY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADYLENE RUIZ

Name of Person

A COMPLETE WINDOW COMPANY LLC

Firm/Company

7860 NW 193 TER

Address

MIAMI, FL 33015

City/State and Zip Code

ACOMPLETEWINDOWCOMPANY@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADYLENE RUIZ

786 768-6253

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

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

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2019

ADYLENE RUIZ
7860 NW 193 TER
MIAMI, FL 33015

SUBJECT: A COMPLETE WINDOW COMPANY, LLC
Ref. Number: L17000183214

We have received your document for A COMPLETE WINDOW COMPANY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 919A00015559

8/5/19

My apologies
reg: the missing \$25.00
payment.
Many thanks on your letter,

Adylene Ruiz
7860 NW 193 Ter. 33015

2019 AUG -9 PM 12:03

RECEIVED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

A COMPLETE WINDOW COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records) ~~ADYLENE RUIZ~~ **ADYLENE RUIZ**
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/24/2019 **SECRETARY OF STATE, TALLAHASSEE, FLORIDA** assigned Florida document number L17000183214.

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: _____

ADYLENE RUIZ

New Registered Office Address: _____

Enter Florida 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL I. MCDONALD		<input type="checkbox"/> Add
		7860 NW 193 TER MIAMI, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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