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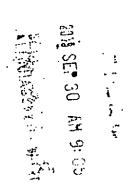
| (Reque | estor's Name) | |
|------------------------------|----------------|-------------|
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phone | e #) |
| PłCK-UP | WAIT | MAIL |
| (Busin | ess Entity Nar | me) |
| (Docur | nent Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | · | |
|---------------|--------------------------------------|--|---|--|
| SUBJE | | MPACT DOORS LLC | | |
| SUBJE | Cr | Name of Limi | ted Liability Company | The second secon |
| The end | closed Articles of a | Amendment and fee(s) are subt | mitted for filing. | Service Comments |
| Please r | eturn all correspor | ndence concerning this matter | to the following: | in the second se |
| | | FERNANDO ROBLES | | |
| | | | Name of Person | • |
| | | CUSTOM IMPACT DOO | RS LLC | |
| | | | Firm/Company | |
| | | 3401 N FEDERAL HWY | SUITE 207 | |
| | | | Address | |
| | | BOCA RATON FL 33431 | | |
| | | | City/State and Zip Code | |
| | | F-mail address: () | ble 5 2210@ GMQ11. (| cation) |
| For furt | ther information co | oncerning this matter, please co | | • |
| FERN | ANDO ROBLES | | 954 8041557 at () | |
| ***** | Name of | f Person | | Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| S \$25 | 5.00 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, F1, 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

CUSTOM IMPACT DOORS LLC

| ART | ICLES OF ORGANIZ | ZATION 😹 💢 |
|--|--|--|
| | OF | |
| | | |
| CUSTOM IMPACT DOORS LLC | | |
| (Name of the Limit | ed Liability Company as it now a (A Florida Limited Liability Compa | opears on our records.) |
| The Articles of Organization for this Limited L | iability Company were filed o | |
| Florida document number L18000166370 | · | · · |
| This amendment is submitted to amend the foll | owing: | |
| A. If amending name, enter the new name o | f the limited liability compa | <u>ny here:</u> |
| The new name must be distinguishable and contain the v | vords "Limited Liability Company." | the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | rable: | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | P()V) | |
| (Mauing udaress MAT BE A FOST OFFICE | <u> </u> | |
| | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | ss on our records, enter the name of the new |
| | | |
| Name of New Registered Agent: | FERNANDO ROBLES | |
| New Registered Office Address: | 3401 N FEDERAL HWY S | UITE 207 |
| New Registered Office Address. | Ento | er Florida street address |
| | BOCA RATON | Florida 33431 |
| | Cup | Zıp 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> | Name | Address | Type of Action |
|--------------|-----------------|---------------------------------|-----------------|
| MGR | TERESA A VALDES | 3401 N FEDERAL HWY SUITE 207 | |
| | | BOCA RATON FL 33431 | ■ Remove |
| | | | |
| | | | Change |
| MGR | FERNANDO ROBLES | 3401 N FEDERAL HWY SUITE 207 | = Add |
| | | BOCA RATON FL 33431 | |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | Remove | |
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| lf an effect <u>Note:</u> - If | o9/26/2019 e date, if other than the date of filing: tive 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 to effective date on the Department of State's records. |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed. |
| Dated | September 26. 2019. |
| | Signature of a member or authorized representative of a member |
| | Fernondo J. Robles |
| | Typed or printed name of signee |