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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

TO: Registration S Division of Co	ection rporations		
AN SLIDI	NG DOOR AND WINDOW L	LC	
	Name of Lin	ulted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter		
	Itsik Trabelsi		
	LIT Advisory Group LLC	Name of Person	
	16200 Ventura Blvd STE	Firm/Company #326	
	Encino, CA 91436	Address	
	itsik@litadg.com	City/State and Zip Code	
		to be used for future annual report n	otification)
For further information of	concerning this matter, please co	all:	
Itsik Trabelsi		646 465-1085	
Name o	of Person	Area Code Days	ime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fcc	■ \$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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AN SLIDING DOOR AND WINDOW LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 AUG 13 P 2:37 The Articles of Organization for this Limited Liability Company were filed on 09/27/2018 Florida document number L18000229364 TALLAHASSEE, FLORIDA This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A.E.S Repairers LLC 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: New Registered Office Address: Enter Florida street address

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:

-			
	Manager = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Effective	e date, if other than	the date of filing:		(option	ual)
Note: II	the date inserted in this	must be specific and cannot block does not meet the Department of State's r	applicable statutory	or more than 90 days after fi filing requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
ne recor The 90	rd specifies a delay Oth day after the r	red effective date, becord is filed.	out not an effecti	ve time, at 12:01 a.i	n. on the earlier of
Dated	ɪgust,5th	2019	1		
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		C) bel 1	£	nive of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00