118000 260038

(Rec	(uestor's Name)	
	,	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(000	cument Number)	
(500	different Humbery	
Certified Copies	Certificates	of Status
Special Instructions to F		

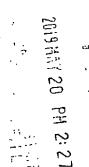
Office Use Only



200329388862

05/20/19-+01017--012 **25.00

R. WHITE





COVER LETTER

TO:	Registration Sect Division of Corp			
SUBJE		IMPACT WINDOWS LLC		
SOBJE	CI:	Name of Limit	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please r	etum all correspon	dence concerning this matter to	o the following:	
		Russell Kutsenko	Idea, Dzenela	i k
			Name of Person	
			Firm/Company	
		3255 NW 94 Ave #9343		
			Address'	
		Coral Springs. FL 33075		
		Glukllc@gmail.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notifi-	cation)
For furt	her information co	ncerning this matter, please ca	11:	
A	Vazei D Name of	Dengluk Person	at (305) 766 46 Area Code Daytime	Telephone Number
			·	
Enclose	ed is a check for the	following amount:		
ऻ \$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:

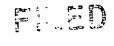
TO:

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



2019 HAY 20 PM 2: 27

ADVANCE IMPACT WINDOWS LLC	CTOB E		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on and assigned		
Florida document number L18000260038			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ProDesk LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1451 W Cypress Creek Rd		
Principal office address MUST BE A STREET ADDRESS)	Suit 300		
	Ft. Lauderdałe, FL 33309		
Enter new mailing address, if applicable:	3255 NW 94 Ave		
Mailing address MAY BE A POST OFFICE BOX)	#9343		
maning university I BE A TVOI VALUE BOOK	Coral Springs, FL 33075		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
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 **Title** Name | Address **Type of Action** □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change

<u> </u>					
				-	
<u> </u>					
					
					
_					
			-		
			· · · · · · · · · · · · · · · · · · ·		
					
			······································		
					
Tective date, if other than the dian effective date is listed, the date must later. If the date inspected in this bloom	late of filing:	ha miau ta data a f	761i	(optional)
ver in the date discreted in this olde	an does not meet the	applicable stati	utory filing requi	rements, this dat	g.) Pursuant to 605.02 will not be listed:
cument's effective date on the Dep	partment of State's r	ecords.			
record specifies a delayed The 90th day after the reco	effective date, b	out not an ef	fective time, a	at 12:01 a.m	on the earlier
The Both day after the reco	ra is niea.				
ted	2015)			
ted					
		· /			
	1.11				
	Signature of a member	or authorized ren	resentative of a nu	mber	

Page 3 of 3

Filing Fee: \$25.00