

L20000011911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

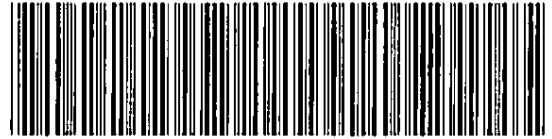
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TALLAHASSEE, FL
NOV 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US WINDOWS, ALUMINUM AND PERGOLA SYSTEMS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Naveen Kumria

Name of Person

US WINDOWS, ALUMINUM AND PERGOLA SYSTEMS, LLC

Firm Company

1720 NW Federal Highway

Address

Stuart, FL 34994

City/State and Zip Code

nkumria@jbaluminum.com

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

For further information concerning this matter, please call:

Naveen Kumria

863

397-5404

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

US WINDOWS, ALUMINUM AND PERGOLA SYSTEMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____.

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:

1720 NW Federal Highway, Stuart, FL 34994

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1720 NW Federal Highway, Stuart, FL 34994

(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

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	Nancy Johnson	1720 NW Federal Hwy, Stuart, FL 34994	☒ Add
			☐ Remove
			☐ Change
			☐ Add
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FLORIDA
STATE

203 NOV 15 2013

2013 NOV 15 AM 8:39
STANFORD
Permittent to

07 (3)(b)
as the

le

Dated November 9th, 2023

Naveen Kumria

Typed or printed name of signee

Filing Fee: \$25.00