# 10400012338

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18 SEP 21 AH 2: 39

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# **COVER LETTER**

SUBJECT: Dave	Fletcher Wind Name of Lim	av and long Lited Liability Company	-LC
	mendment and fee(s) are sub-	ū	
	Helena V	Fletcher Name of Person	
	Dave Fletz	her Windowa Door	R, LLC
	_ 8725 Wor	erell Drive	
	New Port  hyfletcher  E-mail address: (6	Richey, Fl City/State and ZipCode - 61000, Cor o be used for future annual report notifi	34654-4915
For further information cor	ncerning this matter, please ca		
Helena V Name of F	· Fletcher Person	at ( <u>727</u> ) <u>846</u> - Area Code Daytime	1355 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

TO:

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

18 SEP 24 AM 2:39

imited 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 Florida document number LO4000/12378 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 "LLC." 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:

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
AMBR	Charles D Fletcher JR	3725 Worrell Dr	Add
	SR	New Fort & Release	Remove
		FL 34654	Change
			O Add
			□ Remove
			Change
- <del>-</del> -			Add Add Respective
			Report To Change
			HAdd 3
			□ Remove
			Change
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note:	tive date, if other than the date of filing:
the red ) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $\sigma$ 90th day after the record is filed.
Dated	08/19/18
	Signature of a member or authorized representative of a member
	Helena V Fletcher Typed or printed name of signee

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Filing Fee: \$25.00