

LOS 000080928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2018 OCT 16 PM 1:39

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18 OCT 16 PM 4:05

T. CLINE
OCT 17 2018
EXAMINER

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/16/18

Acc#120160000072



| | |
|-------------|---------------------------------|
| Name: | Universal Window Solutions, LLC |
| Document #: | |
| Order #: | 11212985 |

| | | | | |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | | |
| Plain Copy: | <input type="checkbox"/> | | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | | Country of Destination: | |
| | | | Number of Certs: | |

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| Filing: | Certified: |
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2018 OCT 15 PM 1:40

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| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$

55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL WINDOW SOLUTIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TODD D. KAPLAN, ESQ.

Name of Person

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, PA

Firm/Company

8470 ENTERPRISE CIRCLE, SUITE 201

Address

BRADENTON, FL 34202

City/State and Zip Code

TKAPLAN@ICARDMERRILL.COM

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

For further information concerning this matter, please call:

TODD D. KAPLAN, ESQ.

941 907-0006
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2018 OCT 11 PM 4:00

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

Page 1 of 3

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
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2160111 P. 1:40

(If an effective 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 (3)(b)

(b) The 90th day after the record is filed.

Dated OCTOBER 4 2018

Signature of a member of the

Signature of a member or authorized representative of a member

TODD D. KAPLAN, ESQ.

Typed or printed name of signee