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T. HAMPTON

APR - 8 2010

EXAMNER

COVER LETTER

TO: ~ Registration Section Division of Corporations			
SUBJECT: RC Windows & Doors 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:			
Ronald Conklin Name of Person			
RC Windows & Doors LLC Firm/Company			
3858 Classic Court			
West Palm Beach FL. 33417 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Ronald ConKlin at (5/01) 312-0033 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ Certified Copy \text{(additional copy is enclosed)}\$\$ (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RC Windows & 7	
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>LOGOODI 7569</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ted liability company here:
The new name must be distinguishable and end with the words "L.L.C."	ls "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
	Ar OC
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	4 3000
	.
	ered office address on our records, enter the name of the ne
registered agent and/or the new registered office addre	ess nere:
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title **Address** Name MGR Conklin, Ronald, J MGRM Conklin, Ronald, J Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010. Dated March ignature of a member or authorized representative of a member J. Conklin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00