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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Atlantic Window & Glass 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:
Jeffrey Demers Name of Person
Atlantic Windows Glass, IVC Firm/Company
6900 Cypress Spring Court
City/State and Zip Code City/State and Zip Code ARR ARR ARR ARR ARR ARR ARR ARR ARR A
For further information concerning this matter, please call:
For further information concerning this matter, please call: Melody Demecs at (904) 669-7846 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alantic Winds	ow+ Glass	LVC .
(A Florida Limited Liability Com	npany as it now appeared Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on	04-19-2006 and assigned
Florida document number <u>L0600040.57 &</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company he	<u>re</u> :
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		09 FALL
(Principal office address MUST BE A STREET ADDRESS)	2	A A A A A A A A A A A A A A A A A A A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-5 AM II: 46 SSEE. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	•	
	Er	ster Florida street address
	City	, Florida
	~y	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 Address** Title Name ☐ Add ☐ Remove ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Signature of a member or authorized representative of a member

Typed or printed name of signee

November 3

Filing Fee: \$25.00