

LD7000124176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

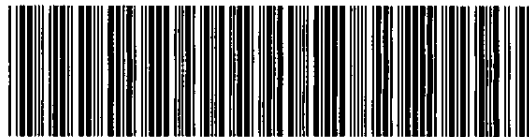
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 02 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Checkpoint Maintenance Group 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:

Frank S. Santoro
(Name of Person)

Checkpoint
(Firm/Company)

6410 Old Moat Way
(Address)

Davie, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Santoro at (954) 325 8335
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Dec 14, 2007 and assigned
Florida document number L07000124176

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Checkpoint Windows & Doors LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Christine Santoro

New Registered Office Address:

6410 Old Moat Way

(Enter Florida street address)

DAVE

(City)

Florida

33331

(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.

Christine Santoro

(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

Title	Name	Address	Type of Action
President	Christine Santoro 25% owner	Christine Santoro 6410 Olde Moat Way Davie, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Frank S. Santoro 25% owner	Frank Santoro 6410 Olde Moat Way Davie FL 33331	<input type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Maria Santoro 50% owner	Maria Santoro 6719 NW 60 CT. Tamarac, FL 33321	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change - Frank S. Santoro to V.P.
from President

Dated Nov 17, 2008

Frank S. Santoro

Signature of a member or authorized representative of a member

Frank S. Santoro

Typed or printed name of signee

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