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JUN 17 2008

**EXAMINER** 



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06/16/08--01005--007 ++25.00

08 JUN 16 PH 3: 31

DIVISION OF CORPORATION

13

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Image: 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:
Tim Window Installans LLC  (Firm/Company)  3210 Murray Hill Loop  (Address)  Kissimmee FL 34758  (City/State and Zip Code)
For further information concerning this matter, please call:
TVSTO RadriquEZ TV . at (407) 348 - 7752  (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, 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

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ARTÍC	CLES OF ORGANIZATION OF	" 10 PM 3: 31	
(Name of the Limited L (A F	Window Installer  iability Company as it now appears on our lorida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liab	oility Company were filed onOY	300 and assigned	
This amendment is submitted to amend the follow	ring:		
A. If amending name, <u>enter the new name of tl</u>	he limited liability company here:		
The new name must be distinguishable and end with t 'L.L.C."	the words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered offic	· ·	rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:  (Enter Florida street address)			
	(City)	Florida(Zin Code)	
	(U.ID)	tzin Coaei	

#### 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:

. . . . .

	Name	Address	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
<u>.</u>			Add Remove
			Add Remove
			Add Remove
amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			_
		To º	_
	CHANGE ADDRESS"	To ? PRAY Hill Loop	_
	CHANGE ADDRESS		- -
	CHANGE ADDRESS 3210 MU Kissimmee,	FL 34758	- - -
	CHANGE ADDRESS 3210 MU KISSIMMEE,	RRAY Hill Loop	<del>-</del>

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Filing Fee: \$25.00