LD8000044192

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	. MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status

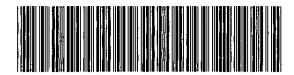
Special Instructions to Filing Officer:

L. SELLERS

FEB 17 2009

EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Bella Doors & Windows, 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:						
Deanne M. Ross (Name of Person) Bella Dobs & Windows						
(Firm/Company)						
1445 N. CONGRESS AVE. #8						
Delray Beach FL 33437 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Deannel Ross at (561) 243-7970 (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25,00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \	d)					
MANUANC ADDRESS. STREET/COURIED ADDRESS.						

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

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

(A Florida Limited Liability Company)

(A Flo	orida Limited Liab	oility Company)			
The Articles of Organization for this Limited Liabil Florida document number <u>L. 08000044</u>	lity Company wo 4/92	ere filed on <u>M/</u>	141,200	OF and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabilit	ty company here:			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited	Liability Company,"	the designation "	LLC" or the abbreviation	on
Enter new principal offices address, if applicable	e: _			•	
(Principal office address MUST BE A STREET A	(IDDRESS)				
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u> _		.		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	Rossa 16739 Delrai	NA Ve 3 Senter	records, enter		<u>w</u>
New Registered Agent's Signature, if changing Regi	istered Agent:			CO TONNELL	

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 = Mana MGRM = Ma	nger naging Member			
<u>Title</u>	<u>Name</u>	Address	Type of Acti	<u>on</u>
	Robert T. Ross	10839 Lake Wyrdf Boynton Beau it 33437	Add Remove	
MORM	IRENE G. Velez	16739 Senterra DR. Del Pay BEACH 33484	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_	
			- -	
	Flbruary 11th	9 G	09 FI	
Dated C	Signature of a member of	M. ROSZ or authorized representative of a member	5 5	
_	Deanne, M. Ro.	g s ^p	ည်း သည်, ထု	-
		Page 2 of 2	30	

Filing Fee: \$25.00