## L10000123708

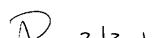
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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02/12/21--01018--020 \*\*25.00



## **COVER LETTER**

7

	Registration Se Division of Cor					
		DOCTOR PARTS LLC				
SUBJEC	.T:					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		JOANNE JABLONSKI				
			Name of Person			
	WINDOW DOCTOR PARTS LLC					
	Firm/Company					
1133 OLD DIXIE HIGHWAY SUITE 7			VAY SUITE 7			
	Address					
		LAKE PARK, FL 33403				
			City/State and Zip Code	<del></del>		
		JOANNE@WINDOWDR.				
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)		
HAROL	D M LIGHTMA	AN MBA	561 627-3089			
	Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for th	he following amount:				
<b>■</b> \$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		<u>Street Address:</u> Registration Se	ection			
		Division of Co	rporations			
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINDOW DOCTOR PARTS LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 12/01/2010 lorida document number L10000123708	and assign	ned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company here:		
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ab	bbreviation "L.1C	
nter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS)	·	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
If amending the registered agent and/or registered office address on our records, enter the name gent and/or the new registered office address here:	ne of the new r	<u>egist</u>
Name of New Registered Agent:	; :- :-	
New Registered Office Address:		:
Enter Florida street address	- <del>1</del> 5	;
, Florida	Zip Code <sup>7</sup>	
law Danistaned Agant's Cianatura if shanging Dagistaned Agants		

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOANNE JOANNE	1133 OLD DIXIE HIGHWAY #7	
		LAKE PARK FL 33403	■Remove
			□Change
MGR	JOANNE JABLONSKI	1133 OLD DIXIE HIGHWAY #7	
		LAKE PARK FL 33403	□Remove
		<del></del>	
			□Add
		<del></del>	□Remove
			□Change
			DAdd
			Remove
			□Change
			🗆 Add
			□ Remove
			□Add
		<del></del>	□Remove
			□Change

D. If amending any other inform	ation, enter change(s) here:	(Attach additional sheets, if neces	sary.)
			<del></del>
			·····
			· <del></del>
···			
<del></del>			
	ist be specific and cannot be prior to colock does not meet the applicable	(option date of filing or more than 90 days after file statutory filing requirements, this contact that the statutory filing requirements are statutory filing requirements.	ling.) Pursuant to 605.0207 (3)(b
If the record specifies a delayed effecti record is filed.	ve date, but not an effective time	, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated FEBRUARY 4	2021		
	Signature of a member of authorize	ed representative of a member	
JOANNE JABLONSK	) 		

Filing Fee: \$25.00

Typed or printed name of signee