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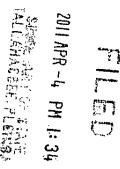
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
_				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filling Officer:				
A. LUNT				
APR - 5 2010				
APR - 9 ZUIU				
EXAMINER				

Office Use Only



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COVER LETTER

TO: Registration Division of C			
SUBJECT:	J&R Window Name of Limi	··········	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Name of Person	
	<i>\</i>	14 h. Windows LLE Firm/Company	
		410 SW JEANNE AVENUE Address	PH :: 3
		Post St Wei E FL 3495 City/State and Zip Code	
	E-mail address: (YE CHAR 191 (A) BELLS OUTH . WE to be used for future annual report notifica	tion)
For further information	concerning this matter, please c		
YiLm Name	of Person	at (<u>172</u>) <u>879-3547</u> Area Code & Daytime T	elephone 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	J & K WiNdows			
(Name of the Limited L (A I	Liability Company as it now appears on our record Plorida Limited Liability Company)	<u>ls.</u>)		
The Articles of Organization for this Limited Lia	bility Company were filed on 3-12-25//	and assigned		
Florida document number L // 2020 34698		2011		
Tiorida document number	·			
		APR TI		
This amendment is submitted to amend the follow	ving:	978		
A. If amending name, enter the new name of t	the limited liability company here:			
,	, , , , , , , , , , , , , , , , , , ,			
The new name must be distinguishable and end with	the words "Limited Liability Company," the designal	tion "I I C" or the abbreviation		
"L.L.C."	the words Elimited Diability Company, the designation	tion LLC for the aboreviation		
Enter new principal offices address, if applical	bls.			
• • • • • • • • • • • • • • • • • • • •				
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
	-			
				
B. If amending the registered agent and/or		nter the name of the new		
registered agent and/or the new registered office	ce address here:	···		
Name of New Registered Agent:				
New Production LOG A 11				
new Registered Utilice Address:	New Registered Office Address: Enter Florida street address			
	Estier i toriuu sireet uuuress			
	, Floric	· · · · · · · · · · · · · · · · · · ·		
	Citv	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Managér MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGAM_	YiLMA E CHARRY	410 SW JEANNE AVENUE PORT ST LUCIE FL 34953	⊠ Add □ Remove
			Add Remove
			Add Remove
			Add Remove
			Add-
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	
Dated	3 - 31 ,	.24 //	
	Richards Consideration of a men	nber or authorized representative of a member	
	Ty	BOOL TO CHARMY ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00