L12000069558

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(Address)	000070001
(City/State/Zip/Phone #)	
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T. MATTHEWS JAN 19 2022

COVER LETTER

то:	Registration Se Division of Cor			
cup is		WINDOWS & DOORS LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		KAROLY SZEKERES		
			Name of Person	
		KAROLY WINDOWS &	DOORS LLC	
			Firm/Company	
		i 165 Eldridge St		
			Address	
		Clearwater FL 33755		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	leation)
For furth	her information c	oncerning this matter, please c	all:	
Moreen	ni Szekeres		813 734-2134 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for ti	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	ction
	Division of C	orporations	Division of Cor	porations
	P.O. Box 632 Tallahassee. 1		The Centre of T 2415 N. Monroe	allanassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 JAN -6 PH 3: 36

KAROLY WINDOWS & DOORS 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 Co Florida document number 1.12000069558	-	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Para Plant In an a	
	Enter Florida stree	
		Florida
	Cuy	z.p cow

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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
			lRemove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change

Amending Pl	RES address 4611 W Fig St	t. Unit 202 Tampa FI. 3	3609 to 1165 Eldridge	St Clearwater FL 33755	
					
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reffective date is I te: If the date in	other than the date of fill isted, the date must be specific asserted in this block does not be date on the Department of	and cannot be prior to date of meet the applicable st	of filing or more than 90 c tatutory filing requireme	_ (optional) lays after filing.) Pursuant to ents, this date will not be	605.0207 listed as
s filed.	delayed effective date, but r		12:01 a.m. on the earli	er of: (b) The 90th day a	ifter the
ed Janua	(g 03 (signature)	<u>2077</u>			
		UT #U#O - # #	representative of a member		

Filing Fee: \$25.00