

LI 2000158862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

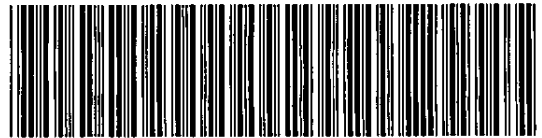
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Signature] 2/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Impact Windows & Doors, 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:

Javier F. Avila
Name of Person

American Impact Windows & Doors, LLC
Firm/Company

7859 NN 15th St.
Address

Doral, FL 33126
City/State and Zip Code

javi@americanimpactwindows.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier F. Avila at (305) 215-9601
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

American Impact Windows & Doors, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/20/12 and assigned
Florida document number L12000158862.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7859 NW 15th Street
Doral, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7859 NW 15th Street
Doral, FL 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Emil J. Casado

New Registered Office Address:

7859 N.W. 15th Street

Enter Florida street address

Doral

City

Florida

33126

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 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.

Emil J. Casado
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

2016 FEB 1 PM 2:20
☐ Add ☐ Remove ☐ Change
 SECURE PART OF FLORIDA
 TALLAHASSEE

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Xavier Avila

Typed or printed name of signee

Filing Fee: \$25.00

2016 FEB 16 PM 4:20
SECURITARY OF STATE
TALLAHASSEE FLORIDA