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A STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

OCEAN WINDOW SYSTEMS, LLC.

SUBJECT:

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:

DAVID GIFFEN

Name of Person

OCEAN WINDOW SYSTEMS, LLC.

Firm/Company

1704 SALZENDO STREET

Address

CORAL GABELS, FL. 33134

City/State and Zip Code

David@floridastateglass.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID GIFFEN

305 490-0108

Name of Person

Area Code & Daytime Telephone 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:

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

OCEAN WINDOWS SYSTEMS, 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 Lial	bility Company were filed on MARCH 29	, 2013 and assigned
Florida document number L13000047046	·	75 3
This amendment is submitted to amend the follow	ving:	02.
A. If amending name, enter the new name of t	the limited liability company here:	SSEE PL
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the des	signation "LLC" or the appreviation
Enter new principal offices address, if applical	ble:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida	a street address
		Florida
	City	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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FERNANDO FIGAROLA	6800 SW 40TH ST #318	Add
		MIAMI, FL. 33155	Remove
MGR	LUIS CURBELO	310 N. 68 TER.	_ Add
		HOLLYWOOD, FL. 33024	Remove
MGR	ALFONZO CATILLO	14738 SW 178TER	_ 🗹 Add
		MIAMI, FL. 33187	Remove
MGR	VLADIMER CRUZ	5060 E. 8LN.	Add
		HIALEAH, FL. 33013	Remove
		TALL TRASSEES FOR STAFF	Add Remove Add Add
			Remove

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July	4	, <u>2013</u> .	
	102	,	
	-	of a member or authorized represen	tative of a member
DAVID (SIFFEN		
		Typed or printed name of sign	nee
		Page 3 of 3	
		Filing Fee: \$25.00	

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