

L14000051880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/14--01013--016 **25.00

2014 APR 17 12:33

B. BOSTICK
APR 21 2014
EXAMINER

COVER LETTER

Barb

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Windows and 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:

ILANA Ben Arush

Name of Person

Firm/Company

5771 NE 14th AVE

Address

Fort Lauderdale FL 33334

City/State and Zip Code

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

For further information concerning this matter, please call:

Jeff DeWille

Name of Person

(239) 896-7198

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

2014 APR 21 17 00 32

850-245-6030

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Paradise Windows and 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 Company were filed on 3-31-04 and assigned
Florida document number 14000051880

This amendment is submitted to amend the following:

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

New View Windows and Doors LLC

The new name must be distinguishable and end with 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)

2601 E. OAKLAND PARK BLVD 200
FORT LAUDERDALE, FL 33306

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 S. Federal Hwy 201-N
BOYNTON FL 33435

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

2014 APR 21 17 00 33

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

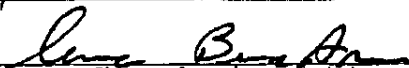
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

2014-04-21 17:33:33

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-21-14


Signature of a member or authorized representative of a member
ILANA Ben Arush
Typed or printed name of signer

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Filing Fee: \$25.00

2014-07-17 17:33:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2014

ILANA BON ARUSH
5771 NE 14TH AVENUE
FT. LAUDERDALE, FL 33334

SUBJECT: PARADISE WINDOWS AND DOORS LLC
Ref. Number: L14000051880

We have received your document for PARADISE WINDOWS AND DOORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P08000015865.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 914A00008406

2014 APR 18 PM 3:32