LI4 000 130591

(Requestor's Name)
(Address)
· (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 imig officer.
,

Office Use Only



800265905648

10/31/14--01019--003 **25.00

NOV - 3 2014 T CLINE

COVER LETTER

TO:	Registration Se Division of Cor					
, SUDJE	MAX FO	RCE HURRICANE WIN	NDOWS AND DOORS, LLC	2		
SUBJE	SUBJECT: Name of Limited Liability Company					
The one	losed Articles of	Amendment and fee(s) are sub	mitted for filing			
		endence concerning this matter	-			
	·	-	, and the second			
		JAMES FIUME				
			Name of Person		.3 ~3	
GULF COAST WINDOWS					2014 SEC	
Firm/Company					当	
10839 TRAIN CT					2014 OCT 31	
	Address				三二 聖	
	HOUSTON, TX 77041				建筑57	
			City/State and Zip Code			
		rheath@gulfcoastwir	idows.com to be used for future annual report notif	Eaglant.		
				rea(ton)		
For furt	her information c	oncerning this matter, please c	all:			
RONA	ALD HEATH	•	713 849-5454			
	Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclose	d is a check for th	ne following amount:				
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX FORCE HURRICANE 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 vi Florida document number L14000130591	were filed on 08/19/2014	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	ity company here:	2014 OCT 2014 OCT 3512 AND
The new name must be distinguishable and end with the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10839 TRAIN CT. HOUSTON, TX 77041	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR/	BRAD STEPHEN MOORE	2422 VENETIAN WAY	■ Add
		BOYNTONBEACH, FL 33426	□ Remove
· .			23 120 Add 281 O
			AHOUR Refine to STATE OF STATE
			Add Add
			Remove
			Remove
			□ Add
			□ Remove

D. If am	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ADDING BRAD STEPHEN MOORE AS A LICENSEE QUALIFIER FOR			
	SOUTH EAST FLORIDA BBB PURPOSES ONLY.			
	•			
(The ef	tive date, if other than the date of filing:			
Dated	OCTORED 30 2014			
	Signature of a member or authorized representative of a member JAMES FIUME		2014 067	**
	Typed or printed name of signee	ASSECTION OF	3 1	24.84 2.84 2.84 2.84 3.84 3.84 3.84 3.84 3.84 3.84 3.84 3
		温度	1 57	<u> </u>

Page 3 of 3

Filing Fee: \$25.00