

L14 000 130591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

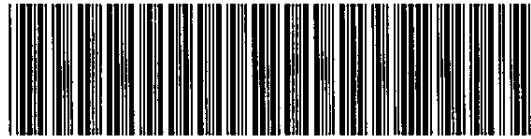
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAX FORCE HURRICANE 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:

JAMES FIUME

Name of Person

GULF COAST WINDOWS

Firm/Company

10839 TRAIN CT

Address

HOUSTON, TX 77041

City/State and Zip Code

rheath@gulfcoastwindows.com

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

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For further information concerning this matter, please call:

RONALD HEATH

at (**713**) **849-5454**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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

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MGR = Manager
AMBR = Authorized Member

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Add Remove
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ALL ANAS OF FLORIDA
Add

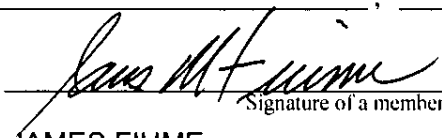
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDING BRAD STEPHEN MOORE AS A LICENSEE QUALIFIER FOR
SOUTH EAST FLORIDA BBB PURPOSES ONLY.

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 OCTOBER 30, 2014



Signature of a member or authorized representative of a member

JAMES FIUME

Typed or printed name of signee

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