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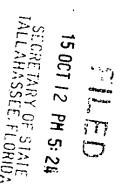
| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | 1 |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | Section Orporations | | 4. * |
|-----------------------------------|---|---|--|
| Fort Myo | ers Window, Glass and Door LL | С | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | Earl Kennedy, Jr. | | |
| | | Name of Person | |
| | Fort Myers Windows, Gla | ass and Door LLC | |
| | | Firm/Company | |
| | 3550 Work Drive. Unit A | -1 | |
| | | Address | |
| | Fort Myers, FL 33916 | | |
| | | City/State and Zip Code | |
| | fmwgd@outlook.com | | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information | concerning this matter, please ca | all: | |
| Earl Kennedy, Jr. | | 239 895-2898 at () | |
| Name | of Person | | 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

| y Company as it now appears on our records. Limited Liability Company) |
|--|
| ompany were filed on and assigned |
| |
| ted liability company here: |
| ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| |
| ESS) |
| |
| ered office address on our records, enter the name of the ess here: |
| |
| Enter Florida street address |
| City , Florida Zip Code |
| Agent: |
| te e e |

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------|-----------------------------------|----------------|
| AMBR | Kennedy, Earl, Jr. | 3268 Prince Edward Isle Cir Apt 1 | |
| | | Fort Myers, FL 33907 | Remove |
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| e, if other than the date of filing: tte is listed, the date must be specific and cannot be prior to date of filing or more than ate inserted in this block does not meet the applicable statutory filing requirefective date on the Department of State's records. | (optional) 90 days after filing.) Pursuant to 605. rements, this date will not be liste |
| pecifies a delayed effective date, but not an effective time, a day after the record is filed. | at 12:01 a.m. on the earlie |
| | |
| Endulum Signature of a member or authorized representative of a me | |
| | |

Page 3 of 3

Filing Fee: \$25.00