# L150000 55096

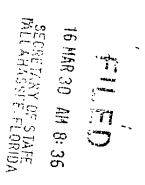
(	Requestor's Name)	
	(Address)	
(	Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	





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## **COVER LETTER**

TO:	Registration So Division of Con		<b>€,</b>	·		
SUBJE	ECT:	WINDOWOLOGY Name of Limit	ted Liability Company		<del></del>	
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please	return all correspo	ondence concerning this matter t	to the following:			
		Brad	Moore			
			Name of Person			
		Mira	Firm/Company			
		3918 Ba	Address	<u> </u>		
		S+ Pe	cle FL 33 City/State and Zip Code	103		
			TBMOORE o be used for future annual re			ı
For fur	ther information of	concerning this matter, please ca	II;			
	Tom	Mo0 fe of Person	at ( § 13 )	598	2459	-
	Name (	of Person	Area Code	Daytime I	elepnone Number	
Enclose	ed is a check for t	he following amount:				
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed)	☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is c	atus &

#### 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

### TO ARTICLES OF ORGANIZATION OF

MINDOWOLDE	MC		
(Name of the Limited Liability (A Florida	*Company as it now appears   Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Co	ompany were filed on03 	3 27 2015 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	<u>2</u> :	
Homemark took Remode	Leling Group ted Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address		Dur records, enter the mame of the r	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	T21. * 1		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co	•		

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

# or removed from our records:

MGR = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
		······	
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Remove
		م 	Change
		E. FLORIOA	Remove 36
			Change
		<del>1 1</del>	Add
			☐ Remove

\_□ Change

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E. Effec	tive date, if other than the date of filing: (optional)	
(If an e	tive date, if other than the date of filing: (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	0207 (3)(b)-
Note:	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	d as the
docui	ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r of:
(b) Th	e 90th day after the record is filed.	
Dated	<u> </u>	
	Brad More	
	4 More	
	Signature of a member or authorized representative of a member  Back A Mode SEE	****
	Signature of a member of authorized representative of a member	ā į
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	Typed or printed name of signee	T
	ROFA	
		and the
	Page 3 of 3	
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Filing Fee: \$25.00