L15000/13661

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COVER LETTER

TO:	Registration Se Division of Cor		.*** 	,
SUBJE	Jays Windo	w And Door LLC.	•	
SUBJE	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Jonathon Mccray		
			Name of Person	
		Jays Window and door		
			Firm/Company	, , , , , , , , , , , , , , , , , , ,
		2325 S Conway rd Apt 510)	
			Address	
		Orlando FL 32812		
			City/State and Zip Code	
		Jayswindowanddoor@gmai		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	all:	
	Name o	f Person	at ()	e Telephone Number
Enclose	d is a check for the	he 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

Jays Window and Door LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L15000113661	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRETAL TARABLE
Enter new mailing address, if applicable:		SSE P M
(Mailing address MAY BE A POST OFFICE BOX)		F STATE A
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ls, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	rss
	Ŧ	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
mgr	Kevin Blackman	1720 Hickorywood Ln	□ Add
		Orlando FL 32818	□ Remove
			Change
Mgr	Christopher Odom II	2325 s Conway rd	■ ∧dd
		Apt 510	□ Remove
		Orlando FL 32812	□ Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
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		· · · · · · · · · · · · · · · · · · ·	Remove
			L 16 Change AHASSFE, FLORIDA
			FLORIDA Remove
			□ Remove

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fective date, if other than the	date of filing:		(optic	nal)
n effective date is listed, the date mus	st be specific and cannot be p		ore than 90 days after	filing.) Pursuant to 605.02
ite: If the date inserted in this bl cument's effective date on the D			g requirements, this	date will not be listed a
record specifies a delayed		not an effective ti	ime, at 12:01 a	.m. on the earlier
The 90th day after the rec	ord is filed.			
. , 07-11	2015			
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led	Signature of a member of a	uthorized representative	of a member	CRETA A
ied	Signature of a member of a	authorized representative		ASS T
led		authorized representative	of a member	72 1700

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Filing Fee: \$25.00