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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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2015 AUG 24 AM 11: 54
SECRETARY OF STATE,
PALLAHASSEE, FLORIS,

K.SALY EXAMINER AUG 2 6 2015

COVER LETTER

TO: Registration So Division of Cor		
Window C	Company of American LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Terri Bishop	
	Name of Person	
	Firm/Company	
	1176 Eniswood Parkway	
	Address	
	Palm Harbor, FL 34683	
	City/State and Zip Code	
	terribishopct@aol.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Terri Bishop	813 679-1552 at ()	
Name o	of Person at () Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

FILED 2015 AUG 24 AM 11:54

Window Company of American 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 were filed on July 24, 2015 and assigned Florida document number _____L15000127099 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Window Company of America LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member		Address 2015 AUG 24 AH II: 54 Type of Act		
<u>Title</u>	<u>Name</u>	Address 2015 AUG 24 AM 11: 54 Type of A		
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1) Article III -	Window Distribution	Not Window Replace	ement and Repair		<u></u>
2) Federal Ider	ntification Number 47-46	11857	-	2015 AUG 2	LED
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	Signature of	a member or authorized re	presentative of a member		
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Page 3 of 3

Filing Fee: \$25.00