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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(De	ocument Number)	<u>. </u>
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: C&C 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:	
Camila Escobar Name of Person	
Firm/Company	
907 Cristelle Jean Drive	
Rushin, FL 33570 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Camila Escobar at (727) 709-4241 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for 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)	

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

C&C Windows	and Doors, LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L1500018604</u>	oility Company were filed on 11/02/2015	_ and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	le:	-
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the</u> ee address here:	ername of the new
Name of New Registered Agent:		= IT
New Registered Office Address:		FS = C
	Enter Florida street address	89 RIDA
	, Florida	Zip Code

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.

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
MGR	Carlos A. Bello	32511 Quiet Harbor Ave.	🗆 Add
		32511 Quiet Harbor Ave. APT. 203 Leesburg, FL 34788	Remove
		34788	Change
			Remove
			Change
			🗆 Add
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			Remove
			Change
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			D Remove
			☐ Change

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an effective date is list ote: If the date inse- ocument's effective e record specifie The 90th day at	ed, the date muerted in this bidate on the Desire a delayer	d effective da	et the applicable ate's records.	statutory filing	requirements, this	s date will not b	e listed as ti

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Filing Fee: \$25.00