

216000045770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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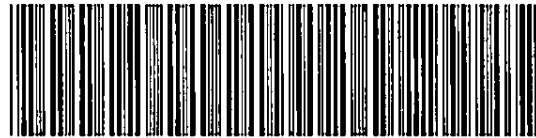
Certificates of Status _____

Special Instructions to Filing Officer:

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2017 DEC -4 PM 1:52

DEC 06 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORTRESS IMPACT 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:

ROGER GINGERICH

Name of Person

FORTRESS IMPACT WINDOWS AND DOORS LLC

Firm/Company

1900 N ANDREWS AVE UNIT C

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROGER GINGERICH

954 783-5353
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Type of Action</u>
PRES	MICHAEL BETANCOURT	1900 N ANDREWS AVE STE C	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAG KLEVELAND	1623 N COLLINS AVE APT 320	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139-3112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROGER GINGERICH	1000 E ATLANTIC BLVD 112	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 28, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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