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UELO BARRIE J. HARRIE

COVER LETTER

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. cuburca		S IMPACT WINDOWS AND	DOORS LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		ROGER GINGERICH		
			Name of Person	
		FORTRESS IMPACT WI	NDOWS 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 i	nformation c	oncerning this matter, please c	all:	
ROGER GI	NGERICH		954 783-535	3
	Name o	d Person	at () Area Code Da	ytime Telephone Number
Enclosed 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
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration So Division of Co	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTRESS IMPACT WINDOWS AND DOORS 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 $\frac{03/04/16}{}$ Florida document number 1.16000045770 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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

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

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>	Address	Type of Action
PRES	MICHAEL BETANCOURT	1900 N ANDREWS AVE STE C	
		POMPANO BEACH, FL 33069	■ Remove
			Change
MGR	DAG KLEVELAND	1623 N COLLINS AVE APT 320	Add
		MIAMI BEACH, FL 33139-3112	□ Remove
			☐ Change
MGR	ROGER GINGERICH	1000 E ATLANTIC BLVD 112	Add
		POMPANO BEACH, FI. 33060	☐ Remove
			Change
			☐ Remove
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m Bellecel	raproportation of a manufacture		1	-
Signature of a member or authorized	representative of a member	·:	- <u>1</u> 	-
Signature of a member or authorized MICHAEL BETANCOURT	representative of a member	·:	77	-

Page 3 of 3

Filing Fee: \$25.00