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Division of Corporations Fax Number : (850)617-6383	To:							
Fax Number : (850)617-6383 rom: Account Name : I.AZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHOICE WINDOWS & DOORS, LLC Certificate of Status 0		Division of Co	ormorations					
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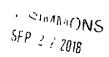
Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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Choice windows & doors	11.0		SE 71
		any as is any	
	(A Florida Limited	any as it now appears on our re-	sauge) . O [[
The Articles of Organization for this Limited I			and assigned
Florida document number L16000060565			
This amendment is submitted to amend the fol	lowing:		35
A. If amending name, enter the new name of	of the limited list	dity company here:	
·		The second secon	•
The new name must be distinguishable and contain the	words "Limited Links	lin Company 5 th dayler 12 111	1.00
The state of the s	MOTOS CHILITES CIRDI	isty Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	9275 SW 41 TERRACE	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI FL 33165	
Euter new mailing address, if applicable:			
	DOM:		
(Muiling address MAY BE A POST OFFICE	BOX		
			
B. If unrending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on our reco	rds, enter the name of the nev
		- '	
Name of New Registered Agent:	ALEJANDRO	L SANCHEZ	
New Registered Office Address:	9275 SW 41 TE	ERRACE	
		Enter Florida street ada	lress .
	MIAMI		Florida
		City	Zip Code
New Registered Agent's Signature, if changing i	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 Regulered Agend, Signature of New Registered Apent

Page 1 of 3

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

Title	Name	Address	Type of Action
AMBR	ROGELIO SANCHEZ	460 E 23RD STREET APT 202 HIALEAH FL 33013	
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			D Remove
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Effective date, if other than to concern the date of the concern that the date is served in this document's effective date on the	black does not meet the applica	to date of filling or more than 90 able statutory filling requirem	(optional) days after filing) Pursuant to 605.0207 tents, this date will not be listed as
The 90th day after the r	ecord is filed.		12:01 a.m. on the earlier of
1 .	2018	<i>1</i>)	
Dated 9/24/	Signature of a member Saution	County Consequently of a member	

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Filing Fee: \$25.00