Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042

Phone Fax Number

: (941)706-2336 : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rheath1997@hotmail.com

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAX FORCE HURRICANE PROTECTION LLC

Certificate of Status	0
Certified Copy	8
Page Count	01
Estimated Charge	\$55.00



From: Robin O'Connor

TO:

Fax: (866) 473-0571

Registration Section
Division of Corporations

To: +18506176383

Fax: +18506176383

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COVER LETTER

SUBJECT:	MAX FORCE HURF	RICANE PROTECTION LL	.c	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		RONALD HEATH		
		Name of Person		
		Firm/Company		
	2253 Vista Parkway, Suite 12			
	Address			
	w	est Palm Beach, FL 33411	l	
		City/State and Zip Code		
	RHEATH1997@HOTMAIL.COM			
	E-mail address: (to be used for future annual repo	ort notification)	
For further information o	oncerning this matter, please ca	all:		
RONALD HEATH		561 at()	676-0951	
. Name o	f Person	Area Code I	Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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

From: Robin O'Connor

Fax: (866) 473-0571

To: +18506176383

Fax: +18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX FORCE HURRI	ICANE PROTECTION	LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears	on our records.)	
,	ted Lizotitty Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on	04/11/2016	and assigned
Florida document numberL16000071257			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
	cane Windows, LLC		<u>.</u>
The new name must be distinguishable and contain the words "Limited I	iability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	22	53 Vista Parkway, S	uite 12
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	est Palm Beach, FL	33411
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			16 APR 13
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on there:		the name of the nex
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	lu street address	
		, Florida	
	City		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

	•		
From: Robin O'Connor If amending or removed	Fax: (888) 473-0571 To: +18508 • Authorized Person(s) authorized to n <u>from our records</u> :		Page 7 of 8 04/13/2016 2:48 PM and address of each person being added
MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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: Robin O'Connar	Fax: (866) 473-0571	To: +18506176383	Fax: +18506176383	Page 8 of 8 04/13/2016 2:4	8 PM
D. If amend	ing any other informati	on, enter change(s) here	: (Attach additional s	heets, if necessary.)	
					
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E. Effective	date, if other than the o	late of filing:	1	(optional) ur 90 days after Gling.) Pursuant to	
Note: If t	he date inserted in this bloc	ck does not meet the applica	ible statutory filing requ	irements, this date will not be	listed as
document	's effective date on the Dep	partment of State's records.			
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	o specifies a delayed oth day after the reco		arr directive tille,		
Dated	APRIL 13	,	<u></u> .		
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		ignature of a member or autho	rized representative of a m	nember	-
		RONALI	D HEATH		
	· · · · · · · · · · · · · · · · · · ·	Typed or printe	d nume of signee		-

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Filing Fee: \$25.00