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TO:	Registration Se Division of Cor		* ***		t -
CUDID		d Door Solutions, LLC		·\$*	•
SUBJE	CT:	Name of Lim	ited Liability Company	. 1177	
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Shivon Patel, Esq			
		· · · · · ·	Name of Person		
		The Principal Law Firm, P	.L.		
			Firm/Company		
		4907 International Parkwa	y, Suite 1061		
			Address		
		Sanford, FL 32771			
			City/State and Zip Code		
		Shivon@principallaw.net		-	
			to be used for future annual report notif	ication)	
For furt	her information co	oncerning this matter, please ca	all:		
Shivon	Patel, Esq.		407 322-3003 at (
	Name of	`Person	Area Code Daytime	: Telephone Number	
Enclose	ed is a check for th	e following amount:			
₿ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Certificate of Certified Co (additional cop	of Status & opy

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

Window and Door Solutions, LLC

(Name of the Limited	Liability Company as A Florida Limited Liabil	it now appears on our r ty Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number L16000077434	bility Company wer	e filed on 04/09/16	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability	company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or registered agent and/or the new registered office.	r registered office	address on our rec	ords, enter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street a	ddress
			, Florida
		City	, Florida Zip Code
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete perf ered agent as provi gistered office addi	ormance of my dutie ded for in Chapter 6	s, and I am familiar with and 05, F.S . Or, if this document is

If Changing Registered Agent, Signature of Ne

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>	Type of Action
MGR	Benjamin Carter	1566 Redwood Grove Terrace	Add
		Lake Mary, FL 32746	Remove
			Change
MGR	Shannon Fenimore	1586 Cherry Blossom Terrace	■ Add
		Lake Mary, FL 32746	Remove
			Change
			
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
		:	Change Change Remove
			Change

					_
					_
Effective date, if other than the date of fill fan effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of the record specifies a delayed effective	and cannot be prior to dot meet the applicable of State's records.	e statutory filing re	than 90 days after tith equirements, this da	ng.) Pursuant to 6 te will not be l	isted as

Filing Fee: \$25.00