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Division of Corporations

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From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J&L SHOWER DOORS, LLC

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COVER LETTER

	on Section f Corporations	
J&LS SUBJECT:	Shower Doors LLC	·
SUBJECT:	y Company	
The enclosed Article	es of Amendment and fee(s) are submitted for	filing.
Please return all cor	respondence concerning this matter to the follo	wing:
	Lucia Estrella	
•	Name	e of Person
	Licenses &Permits LLC	
	Firm	/Company
	A	ddress
	Miami, Fl 33144	
	City/State	and Zip Code
	licenses 1 i 4@gmail.com	
For further informati	ion concerning this matter, please call:	r future annual report notification)
Lucia Estrella		305 226-8727)
Na	ame of Person	Arca Code Daytime Telephone Number
Enclosed is a check :	for the following amount:	
■ \$25.00 Filing Fe	Certificate of Status Cert	10 Filing Fee & S60.00 Filing Fee, ified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&L Shower Doors LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our risbility Company)	ecords.)
The Articles of Organization for this Limited Liability Company villorida document number L16000089198	were filed on May 6, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here;	
Espino Shower Doors Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" 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:		्र <u>े</u> ?
(Mailing address MAY BE A POST OFFICE BOX)	-	, on
	, , , , , , , , , , , , , , , , , , ,	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	idress on our records, <u>e</u> Enter Florida street a	
		. Florida
	Cip	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my dutte vovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

- 01/05/2024 03:32

(FAX)

P.004/005

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If amending Authorized Person(s) authorized to manage,	e, enter the title, name, and address of each person being	added
or removed from our records:		=

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			©Change
		·····	□Add
		<u> </u>	□Remove
			□Change
- 			□Add
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			□Add
			□Remove
		·	☐ Change
			□Remove

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	gen If other than the date of Original Jan 3, 2024
LIIECTIVE CI fan effective	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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