116000104493

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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Y SULKER

COVER LETTER

Division of Co	orporations		
DY WINI	DOWS & DOORS LLC		
Sobsect,	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	DARIAN J REYES		
		Name of Person	
		Firm/Company	
	802 W 36 ST		
		Address	
	HIALEAH ,FL 33012		
		City/State and Zip Code	
	reyesj695@gmail.com	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	•	
	concerning this matter, pieuse et		
darian j reyes	of Person	4786 320-3490 Area Code Daytime	Telephone Number
Name	e of Person	Alea Code Daytine	reseptione (vanioe)
Enclosed is a check for	the 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)

MAILING ADDRESS:

TO:

Registration Section

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



November 2, 2016

DARIAN REYES 802 W 36 ST HIALEAH, FL 33012

SUBJECT: DY WINDOWS & DOORS LLC

Ref. Number: L16000104493

We have received your document for DY WINDOWS & DOORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number:

Letter Number: 716A00023615

SECRETARY OF STAIL

COVER LETTER

Division of Corporations
SUBJECT: DY Windows & Doors LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Darian J. Reyes Name of Person
DY Windows & Doors LLC Firm/Company
802W 36 St Address
Hialean, FL 33012 City/State and Zip Code
reyes i 695 a gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darian J. Reyes at (786) 320 - 3490 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited	Liability Company s	oors LLC as it now appears on ou ility Company)	r records.)		
(А	Florida Limited Liab	ility Company)			
The Articles of Organization for this Limited Liab	ility Company we	re filed on	125/2010	o and assi	gned
Florida document number	4493				
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of the	ne limited liability	y company here:			
		<u> </u>			
The new name must be distinguishable and contain the word	ls "Limited Liability (Company," the designation	on "LLC" or the al	obreviation "L.L	.C."
Enter new principal offices address, if applicab	le: _				
(Principal office address MUST BE A STREET)	ADDRESS)				
	. –				
•				∑ 0 →	
Enter new mailing address, if applicable:	_			<u>原数 60 </u>	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			***	
	_			SSE	C. P. Barbert
			_	To: 22	111
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our i	ecords, <u>enter</u>	the mameso	f the-new
	•			80,	
Name of New Registered Agent:	Dariar	7. Rey	<u> </u>		<u>.</u>
New Registered Office Address:	801 W	36 St Enter Florida stree			
•	Hiale	City	, Florida	3 30 (2 Zip Code	<u>-</u>
New Registered Agent's Signature, if changing Reg	istered Agent:	~., ,		emp Coue	
The state of the s					

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

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
MGR	Fidel Romero Garcia	802"w 36s+ Hialeah, FL 33017	■ Add
			□ Remove
			Change
			Add
			Remove
			Change
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an effect	ive date is listed, the	e date must be spec	cific and c	annot be p	prior to da	te of filing	g or more	than 90 day	s after filin	g.) Pursu	ant to 60)5.0207
	t's effective date					Statutory	ming re	quiremen	s, uns uac	c will tif	n de iis	neu as
	rd specifies a Oth day after			te, but	not ar	effect	ive tim	e, at 12	01 a.m	on th	e earl	ier of
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Filing Fee: \$25.00

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