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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

Divi	ision of Corp	porations				
SUBJECT:	CAPITAL R	RENOVATIONS GROUP LLC				
SUBJECT:		Name of Lim	ted Liability Company		· .	
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:	, • ,		
		JOISMEL L. GONZALEZ	PEREZ	· .	. • •	4
			Name of Person		•	
		CAPITAL RENOVATION	S GROUP LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		9056 NW 121 ST		•		=
			Address			田島
		HIALEAH GARDENS, FI	33018		٠.	17 FEB 28
-		YOYIN1705@YAHOO.ES	City/State and Zip C	ode	,	17 FEB 28 AM 11: 42
		E-mail address: (t	o be used for future and	nual report notifi	cation)	
For further in	formation co	ncerning this matter, please ca	ill:			? .
JOISMEL L GONZALEZ PEREZ		786 at ()	308-9900	, · · · .		
	Name of	Person	Area Code	Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:				
\$25.00 Fi		\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	y	Section 1 \$60.00 Filing Certificate of Certified Co. (additional cop.)	of Status &
	, ,			,	, ,	
	MAILII Registra	NG ADDRESS: tion Section of Corporations	Regis	EET/COURIE stration Section sion of Corpora		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL RENOVATIONS GROUP LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000111075</u> .	were filed on 06/08/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
WINDOW RENOVATIONS GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9056 NW 121 ST	
(Principal office address MUST BE A STREET ADDRESS)	HIALEA GARDENS	F.O.
	FL. 33018	7 52
Enter new mailing address, if applicable:	9056 NW 121 ST	TARY DIASSE
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH GARDENS	呈示
	FL. 33018	: 33
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>e</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	, Florid	
	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

MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u> .	Type of Action
		·	□ Add
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ffective date, if other than the date of filing: 01/01/2017	(optional)	
an effective date is listed, the date must be specific and cannot be prior to cote: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.0	207
ocument's effective date on the Department of State's records.	e statutory itting requirements, this date will not be listed	ıas
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier	of
FEBRUARY 17 2017		
, ,	•	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00