# L16000168964

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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M. MILLIGAN JAN 1 2 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
	INDOORS, LLC		
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:	
	EF	RNESTO SOTO HERNANDEZ	
		Name of Person	
	AI	D & D WINDOORS, LLC	
		Firm/Company	
	4245 16th St NE		
	4245 16th St NE Address		
	NAPLES, FL 3412	20	
	-	City/State and Zip Code	<del> </del>
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
ERNESTO SOTO HER	NANDEZ	786 479 945	4
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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:

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**

AD & D WINDOORS, LLC

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appointed Liability Company	ears on our records.)	5 F. S
(A Fiolida L	innied Liabinty Company	<b>()</b>	
The Articles of Organization for this Limited Liability Cor	npany were filed on _	09/09/2016	and assigned
Florida document number L16000168964			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	e designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	<del></del>		•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Matting duaress MAT BE AT OST OTTICE BOXY	<del> </del>		
B. If amending the registered agent and/or registeredistered agent and/or the new registered office addre		on our records, <u>e</u> i	nter the name of the new
	<u> </u>		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter F	lorida 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

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	DANIEL BARRETO	535 E 44th Street, Hialeah, FL 330	
		**************************************	Remove
			Change
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(If an effect Note: I docume	e date, if other than the date of filing:  O/-OZ-JO/A (opt live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.	er filing.) Pursu is date will no	ot be listed as t
	1/2/2017		
Dated _			
Dated _	Signature of a member or authorized representative of a member		73
Dated _			AL TIME
Dated _	Signature of a member or authorized representative of a member  EDICOTO SOTO.  Typed or printed name of signee	135 mg / 155	E RANGE
Dated _	EENEGTO SOTO.		(

Filing Fee: \$25.00