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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	AD + D	Windows LLC ited Liability Company	
	Name of this	nced thatmity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	<u>Ernl</u>	oto Soto Her	nandez
	AD.	D Windows L	LC
	4245	16th Street 1	UE
	Nap  Constitution of the second secon	City/State and Zip Code  Adwindor @ Go  to be used for future annual report notified.	iment com
For further information c	oncerning this matter, please co		
Er Nesto S	Soto Hernande	2 at ( <del>2806</del> ) 479 Area Code Daytimo	9454 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

(Name of the Limited Liability Compa (A Florida Limited I	Windows LLC  any as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 09 09 20 6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>3</u>
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	$\omega$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Ö
	02
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the nev</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	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
AMBR	ALESANDRO RABASSA	11201 NW 597A CF HIACEA FC.	23012 X Add
			Remove
			Change
AMBE	ALEXAN DER ACOSTA		🗖 Add
		270 W S3RO TER HIACON FL3	3012 <b>№</b> Remove
			Change
AMBR	YULICSKY CHACON		
		520 NW 341H AVE MIHMIFL3	3/25 <b> </b> Remove
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.9 g requirements, this date will not be listed
turnell a creedire date on the repairment of state a records.	
record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlie
10/22/18 2018.	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00