Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : I20140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

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

Email Address:_



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NC USA TRADE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/16/2016	and assigned
Florida document number L16000173633		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
IMPACT SLIDING GLASS DOOR REPAIR LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2980 NE 207th Street	
Principal office address MUST BE A STREET ADDRESS)	SUITE 300-135	26
	AVENTURA FLORIDA 33180	· · · · · · · · · · · · · · · · · · ·
		:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		<u>. </u>
		<u>,0</u>
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regis
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.

MIGUEL BRAGA PETEIRA

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
		 	□Add
			□Remove
			[]Change
			□Add
			CAdd
			□Remove
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an effect ote: If	e date, if other than the dative date is listed, the date must be state date inserted in this block of the effective date on the Depart	specific and cannot be prior does not meet the applic	to date of filing or mon able statutory filing t	(optional) te than 90 days after filing requirements, this date	g.) Pursuant to 605.0207
record s is filed	specifies a delayed effective dan	te, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
	NÖVEMBER 01	2023			
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