Florida Department of State Division of Compartings State State Florida Department of State Division of Compartings State State

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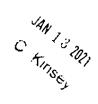
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To:	Division of Corporations Fax Number : (850)617-6383	SEL TAILTING
From: **Enter an	Account Name : MENDEZ ACCOUNTAX SERVICES, CORP Account Number : I20060000145 Phone : (305)769-4936 Fax Number : (305)769-1844 the email address for this business entity to be used fo nual report mailings. Enter only one email address please	r future O
Fm	ail Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WINDOWS SOLUTIONS GROUP, LLC

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ARTICLES OF AMENDMENT TO 4 ARTICLES OF ORGANIZATION

4.5

WINDOWS SOLUTIONS GROUP, LLC.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 12/20/2016 and assigned Florida document number 1/6000229085
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
City Zip Code
New Repistered Agent's Signature, if changing Registered Agenti

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	mager thorized Member		
Title	Name	Address	Type of Action
AMBR	LUIS 6. PEREZ	5226 WILLOW CT	XAdd
7111-0-1		CAPE COEAL, FL 33904	_ □ Remove
	•		
			□ Remove
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<u> </u>			☐ Remove
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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt o the date this document is filed by the Florida Department of State)	r filed date and cannot be more than 90 days after
Dated//2/2021/	
1 Hm	
Signature of a member or at	utborized representative of a member

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