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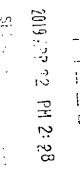
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Amend

MAY - 3 2019 I ALBRITTON

COVER LETTER

Division of Corporations
SUBJECT: Gulf Coast High Tech Window Fashions LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Susan Ferguson Name of Person
Gulf Coast High Tech Window Fashions LL
5449 Jobeth Drive
New Port Richey, FL 34652 City/State and Zip Gode
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Ferguson at (949) 933-5133 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

TO:

Registration Section

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

OUL+ COAST HIGH TO (Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document numberLi700001/317	
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 contain 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 ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature if shanging Decision 4	City Zıp 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>	Name	Address 5449 JoBeth Drive	Type of Action
AMBR	Ernesto P. Rodrigue	Address 5449 JoBeth Drive Z New Port Richey FL 3465	<u>2_</u> ₩'Add
			Remove
			Change
			D Add
			Remove
			Change
			□ Add
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			Add
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	-		_□ Change

D. If amending any other information,	nter change(s) here: (Attach a	idditional sheets, if necessary.)	
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E. Effective date, if other than the date of (If an effective date is listed, the date must be spender: If the date inserted in this block do document's effective date on the Department.	cific and cannot be prior to date of filing as not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis	05.0207 (3) sted as the
f the record specifies a delayed effect) The 90th day after the record is	tive date, but not an effecti filed.	ive time, at 12:01 a.m. on the earl	ier of:
Dated <u>April 18, 2019</u>			
Susan Fe	NSWSEY recof a member or authorized represen	tative of a member	
	Typed or printed name of sign		

Page 3 of 3

Filing Fee: \$25.00