

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	: FASTKIT CORP
Account Number	: 12010000009
Phone	: (305)599-0839
Fax Number	: (305)592-9591

\*\*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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	AMENDMENT O
	DRGANIZATION
C	DF -
UB WINDOWS AND DOORS LLC	
(Name of the Limited Liability Compa (A Florida Limited	Invins it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L17000040457	were filed on <u>UZIZIZOT</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	in Common "the Astimation "I C" on the abbundering "I T C"
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Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	
ETWERE UNCE ANTES WORT DE A GIRCET 2020, EAST	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	· **
If amending the registered agent and/or registered of	ffice address on our records, enter the name of the
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
egistered agent and/or the new registered office address here	<u>c</u> :
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> : Enicr Florida street address
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>c</u> :
registered agent and/or the new registered office address here Name of New Registered Agent:	g: Enicr Florida street address , Florida City Zip Code
registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agri	ee to uct in this capacity. I further agree to comply with
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agromovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	Enter Florida street address Enter Florida street address Florida City Zip Code ce to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
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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

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Title	Name	Address		Type of Action
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Dated	03/07/2017		
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