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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1. HARRIS

COVER LETTER

	lderon granado					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Sandalio castillo					
		Name of Person				
	AMERICAN WINDOW /	AND DOOR IMPACT LLC				
		Firm/Company				
	689 SW 7 TERR					
		Address	<u> </u>			
	DANIA ,FL 33004					
		City/State and Zip Code	·····			
	sandycastillo6710@gmail.c		· · · · · · · · · · · · · · · · · · ·			
For further information c	n-man address: (concerning this matter, please c	to be used for future annual report notif all:	içation)			
Sandalio Castillo		,, asd, 881-	9011			
Name c	of Person	at (CSL) SSI- Area Code Daytime	: Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 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

American Window and Door Impact 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 (14-17-2017)				and as	signed
Florida document number L17000085800	·				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liah	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" of	the abbrevi	ation "L	.L.C."
Enter new principal offices address, if appli	cable:	689 sw 7 terr Dania , Fl 33004			
(Principal office address MUST BE A STRE			P.CT 1999		
		:* . • .	ر ادع ادع	********	
Enter new mailing address, if applicable:	689 sw 7 terr Dania , Fl 33004		تنا	:	
(Mailing address MAY BE A POST OFFICE					
	<u>,,,</u>	 		رب	
				٥	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our records, <u>e</u> :	enter the	name	of the no
Name of New Registered Agent:	Lisvany Calder	on Granado			
New Registered Office Address:	689 sw 7 terr				
		Enter Florida street address			
	Dania	. Floric	ta <u>33004</u>		
		City		ip 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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Nelson Triana	440 E 51 St Hialcah Fl 33013	
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			□ Change
			□ Add
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			☐ Change
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ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 (days after filing.) Pursuant to 603.0207 fortig. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.		
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	Signature of a member of authorized	icpresentative of a memor
	Sandalio Castillo	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00