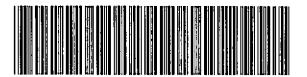
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(Address)
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COVER LETTER

TO: Registration So Division of Cou			
THE A	RCHERS IMPACT WINDOW	S AND DOORS LLC	
30b3EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEJANDRO MONDEJ	A	
		Name of Person	
		Firm/Company	
	690 E 48 ST		
		Address	
	HIALEAH FL 33013		
	omarmendez1969@hotmail	City/State and Zip Code Leom	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	concerning this matter, please ca	all:	
ALEJANDRO MONDE	IJA	786 371-8807 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266 | Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ARCHERS IMPACT WINDOWS AND DOORS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number $\frac{1.17000090488}{1.000090488}$ 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 "LLC." 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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	ALEJANDRO MONDEJA	690 E 48 ST	
		HIALEAH FL 33013	□ Remove
		<u> </u>	CD∕Change
MBR	OMAR MENDEZ	980 W 29 STREET APT 11	Add
		HIALEAH FL 33012	□ Remove
			Offinge T L Co
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Mastina	date, if other than the date of filing: (optional)
f an effecti	ve 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 605.02
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
е гесог	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The 90	Oth day after the record is filed.
	AMCHERT
Dated	AUGUST 5 2017
	Signature of amper or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00