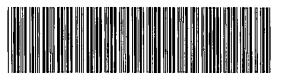
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| (Requestor's Name) | |
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| PICK-UP WAIT | MAIL |
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| TO: | | tion Secti of Corpo | | |
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| CI ID IT | | CP WIND | OWS & DOORS LL | C |
| SUBJE | CI: | | Name | of Limited Liability Company |
| | | | | |
| The en | closed Arti | cles of An | nendment and fec(s) & | re submitted for filing. |
| Please | return all c | orrespond | ence concerning this r | natter to the following: |
| | | | MAGALY M ALA | NIS GONZALEZ |
| | | | | Name of Person |
| | | | MACP WINDOWS | & DOORS LLC |
| | | | | Firm/Company |
| | | | 106 W TAYLOR A | VE |
| | | | | Address |
| | | | EUSTIS, FL 32726 | |
| | | | | City/State and Zip Code |
| | | | OLSONINS@YAHC | dress: (to be used for future annual report notification) |
| For fur | ther inform | nation con | erning this matter, pl | |
| | ALY M AI | | | 407 914-7776 |
| | 1., | Name of P | erson | Area Code Daytime Telephone Number |
| Enclos | ed is a chee | ck for the | following amount: | |
| ■ \$2 | 5.00 Filing | Fee | □ \$30.00 Filing Fee Certificate of Sta | & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, thus Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | | Registrati Dívision o P.O. Box | G ADDRESS: on Section of Corporations 6327 ce, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| MACP WINDOWS & DOORS ELC | |
|--|--|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number L17000121661 | y Company were filed on 06/02/17 and assigned and assigned |
| This amendment is submitted to amend the following | ; : |
| A. If amending name, enter the new name of the l | limited liability company here: |
| | |
| he 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: | |
| | DDRESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | egistered office address on our records, enter the <u>name of the new</u> address here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Floridu street address |
| | Pl. Adv |
| <u> </u> | , Florida |
| | ered Agent: |
| hereby accept the appointment as registered age | ent and agree to act in this capacity. I further agree to comply with the additional 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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> 106 W TAYLOR AVE **EFRAIN GOMEZ** MGR ■ Add EUSTIS, FL 32726 _□ Remove □ Change _□ Add □ Remove _□ Change _□ Add Old Charge □ Remove _□ Change ☐ Remove _□ Change _ 🗆 Add □ Remove ☐ Change

| f amending any other informati | ion, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ffective date, if other than the | date of filing: (optional) |
| f an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (bock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| e record specifies a delayed The 90th day after the reco | effective date, but not an effective time, at 12:01 a.m. on the earlier of: ord is filed. |
| SEPTEMBER 14 | 2017 |
| Dated | |
| | |
| / \//) 9 | Signature of a member or authorized representative of a member |
| • | Signature of a member of additional representative of a member |
| MAGALY M ALANIS | GONZALEZ |
| | Typed or printed name of signee |
| • | |
| - | |
| | Page 3 of 3 |
| | Filing Fee: \$25.00 |