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S. WARREN 0CT 1 1 2017

COVER LETTER

	ion Section of Corporations						
2010 10 200	NV WINDOWS AND DOORS, LLC						
Name of Limited Liability Company							
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.						
Please return all co	prespondence concerning this matter to the following:						
	NESTOR VIDAURRE						
	Name of Person						
	TAZNV WINDOWS AND DOORS, LLC						
	Firm/Company						
	1664 MANOR AVE						
	Address						
	WEST PALM BEACH, FL 33409						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For further informa	ation concerning this matter, please call:						
	at ()						
,	Same of Person Area Code Daytime Telephone Number						
Enclosed is a check	k for the following amount:						
□ \$25.00 Filing F	Fee \$\Bigsquare\text{S30.00 Filing Fee & D\$55.00 Filing Fee & D\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

TAZNV WINDOWS AND DOORS, 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 07/18/2017 __ ___ and assigned Florida document number _____L17000153534 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 _, Florida _ City

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 Ment

Page 1 of 3

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>	Address	Type of Action
AMBR	WILBERTH JOSE ROMERO	3080 NW 83RD TER	⊠ Add
		MIAMI FL 33147	□ Remove
			Change
AMBR	WALBERTO DUQUE	17332 NW 74TH AVE	⊠ Add
		APT 202	□ Remove
		HIALEAH FL 33015	□ Change
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The 90th da	y after the	record is fil	ed.						
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Filing Fee: \$25.00