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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER TO: Registration Section **Division of Corporations** Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Doors My Vest window and cloor (a amail. c. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 467 - 3474 Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$25.00 Filing Fee □ \$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harvest Windows a	nd Doors LLC
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L17000242300</u> .	re filed on Movembe (27, 2017 and assigned
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 C	ompany," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	18 LEC
(Principal office address MUST BE A STREET ADDRESS)	AN ENT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new
New Registered Office Address.	Erter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additional company has been notified in writing of this change.	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and add	ress of each person being added
MGR = N AMBR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gregory A Leigh	604 Pine St	Dada
		Ococe FL 3476	2 ☐ Remove
			☐ Change
	 		
		Remove	
			☐ Change
			Add
			Remove
			Change
			Remove
			□ Change
		;	
			Remove
		1	☐ Change
			□ Remove
			☐ Change

If amending any other informatio	n, enter change(s) here: (At	ach additional sheets, if n	ecessary.)	
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			3SS	27
			PRIO: 47	
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Effective date, if other than the data if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date c does not meet the applicable st	of filing or more than 90 days a		
ne record specifies a delayed e The 90th day after the record		effective time, at 12:0	1 a.m. on the earlier of:	
Dated January 3	Sandas (V) =			
Jennihu T/	gnature of a member or authorized i	representative of a member		
Jenniter M	Sanders Leia	of signee		

Page 3 of 3

Filing Fee: \$25.00