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| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Coodinate (Carrier)                    |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| 10: Registration Se<br>Division of Cor |   | •   | •  |
|--|---|---|--|
| Orange W                               | indow and Door LLC                              |   |  |
|  | Name of Lim                                     | ited Liability Company  | <del></del>  |
|  |   |   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please return all correspo             | ndence concerning this matter                   | to the following:   |  |
|  | Salvadore Speciale                              |   |  |
|  |   | Name of Person  |  |
|  | Orange Window and Door,                         | LLC   |  |
|  | PO Box 211987                                   | Firm/Company  |  |
|  | Royal Palm Beach, FL 3342                       | Address<br>21   |  |
|  | Salw Spec                                       | City/State and Zip Code  Ciale Q Yahoo . ( o be used for future annual report notif | COM  |
| For further information co             | neerning this matter, please cal                | 11.   |  |
| Salvadore Speciale                     |   | 518<br>981 858 -<br>at (at (  | 2118   |
| Name of                                | Person  | Area Code Daytime   | Telephone Number   |
| Enclosed is a check for the            | : following amount:                             |   |  |
| S25.00 Filing Fee                      | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(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

2019/11/14 PM 3:46 Orange Window and Door, 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 03/27/2018 and assigned Florida document number <u>L</u>18000076505 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." 2711 Vista Park way Svite Blo West Palm Beach FL 33411-2732 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO Box 211987 Enter new mailing address, if applicable: Royal Palm Beach (Mailing address MAY BE A POST OF FICE BOX) FL-33421 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the fitle, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                     | Type of Action |
|--------------|-----------------|--|----------------|
| AMBR         | Sanjeev Mangoli | 2711 Vista Parkway, STE B-6<br>West Palm Beach, FL | <b>=</b> Add   |
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| Sanjeev Mangoli has been ass                             | signed 25% of the owner ship for t | his company.   |                   |
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|  | 05/10/2019                         |  |                   |
| ctive date, if other than the                            | date of filing:                    | option of filing or more than 90 days after fil                                    | ıal)              |
|  | ock does not meet the applicable s | e of filing or more than 90 days after fil<br>tatutory filing requirements, this d |                   |
| record specifies a delayed<br>ne 90th day after the reco |                                    | effective time, at 12:01 a.r   | n. on the earlier |
| ed   | 2019                               |  |                   |
|  |                                    | representative of a member   |                   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00