L18000092357

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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K. PAGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

Division of Corporation

THE COLUMN TO SERVICES

July 9, 2018

GREKO VENTURA 4605 N LOIS AVE, APT C TAMPA, FL 33614

This is to advise you that on April 23, 2018, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Keyna E Page Regulatory Specialist II New Filing Section

Letter Number: 918A00014088

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Tampa FL 33614 City/State and Zip Code E-mail address: (to be used for future armual report notification) Tenture at 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	(Trek	o Ventur CL Name of Person	
		in Choice Window	s L.L.C
		A	<u>C</u>
	Tamp	City/State and Zip Code	
	E-mail address: (to	THURACKO (o gmail. C	cation)
For further information con		·	
reko Vertiname of 1	Person	at (<u>813</u>) <u>377</u> - Area Code Daytime	-947] Telephone Number
Enclosed is a check for the	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:

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

Cleur	huce Windows L.L.C		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number <u>L18000092357</u>	Company were filed on <u>April 23, 201</u>	g and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	Windows LLC nited Liability Company," the designation "LLC" or the at	obreviation "L.L.C	2.17
Enter new principal offices address, if applicable:		الإفياد	
(Principal office address MUST BE A STREET ADDR	RESS)	jag hal jaar em	岳
			ب. <u>آنا</u>
		65 E	27
Enter new mailing address, if applicable:		ij.	<u> 포</u> :
(Mailing address MAY BE A POST OFFICE BOX)		19 L/1	<u>ςη</u>
.,		20 A.	5.
		£.*	(-)
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter</u> l <u>ress here</u> :	the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	Zip Code	

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Remove
			Change
			Remove
			Change
			Add
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F Mactiv	date, if other than the	data of filings				
li'an effec <u>Note:</u> H	thate, if other than the live date is listed, the date must the date inserted in this blut's effective date on the De	be specific and cannot ck does not meet th	ne applicable statute	ling or more than 90 days ory filing requirements.	ptional) after filing.) Pursuant to 605 this date will not be list	i.0207 (3)(ed as the
ne reco The 9	d specifies a delayed Oth day after the reco	effective date, ord is filed.	but not an effe	ctive time, at 12:0	1 a.m. on the earli	er of:
Dated		\mathcal{A}				
		TAN -	<u> </u>			
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Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00