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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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Amend

OCT 0 8 2019
I ALBRITTON

COVER LETTER

Division of Co	rporations		
J&J WINE SUBJECT:	OOWS AND DOORS LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	MORALES, JOSE A		
		Name of Person	
	J&J WINDOWS AND DO	OORS LLC	
		Firm/Company	
	1920 REEF CLUB DR 20.	2	
		Address	·
	KISSIMMEE, FL 34743		
	JJWINDOWSDOOR@GM	City/State and Zip Code AIL.COM	
	E-mail address: (to be used for future annual report notif	lication)
For further information of	concerning this matter, please ca	all:	
MORALES, JOSE A		407 285-4687	
Name (of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

- 10/4.04

J&J WINDOWS AND DOORS LLC

(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L18000093857	were filed on 04/13/2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	13716 LAGOON ISLE WAY APT 302, ORLANDO,		
	FLORIDA 32824		
Enter new mailing address, if applicable:	1007 DECE CLUD DR ART 104 DINI DINC 19		
Mailing address MAY BE A POST OFFICE BOX)	1907 REEF CLUB DR APT 104 BUILDING 18,		
	KISSIMMEE, FLORIDA 34741		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	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 uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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ective date, if other than the date of filin effective date is listed, the date must be specific and the lift the date inserted in this block does not unment's effective date on the Department of the second secon	d cannot be prior neet the applic	to date of filing or able statutory fil	more than 90 days	optional) after filing.) Pursua , this date will no	nt to 605.02 t be listed a
record specifies a delayed effective of he 90th day after the record is filed.		t an effective	time, at 12:	01 a.m. on the	e earlier
ed KISSIMMEE SEPTEMBER 17TH	2019	. /2			
	'				
	A.	<i>(/-</i>	ve of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00