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SECRETARY OF SIAIL DIVISION OF CORPORATION

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# **COVER LETTER**

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cunu			INDOWS AND DOORS LLC	2		
SUBJI	KCI: .	Name of Limited Liability Company				
The en	closed .	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return (	ill correspon	dence concerning this matter	to the following:		
			JOEL HERNANDEZ AM	ADOR		
				Name of Person		
			Y AND J WINDOWS AN	D DOORS LLC		
				Firm/Company		
			220 HENTHORNE DR - A	APT B18		
				Address		
			LAKE WORTH, FLORID	A 33461		
				City/State and Zip Code		
			YUSNIELSUAREZ@GMA			
			E-mail address: (	to be used for future annual report i	notification)	
For fur	ther int	ormation co	neerning this matter, please ca	all;		
JOEL HERNANDEZ AMADOR		561 30573172 at ()	263			
		Name of		Area Code Day	time Telephone Number	
Enclos	ed is a	check for the	following amount:			
<b>■</b> \$2:	5.00 Fil	ing 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:

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

Y AND J 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  $\frac{05/08/2018}{}$ and assigned Florida document number L18000115368 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

### 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

, Florida

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
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an el	Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
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Filing Fee: \$25.00