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то:		istration Sec ision of Corp			
CHDIE	·CT.	SC HURRIC	CANE WINDOWS & MORE	L.L.C.	
SUBJE	,C1;		Name of Lim	ited Liability Company	
The end	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	return	all correspon	dence concerning this matter	to the following:	
			STEVEN CORREDERO		
				Name of Person	
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			6800 SW 40 STREET #64	8	
				· ?:11	
			MIAMI,FL 33155		
			City/State and Zip Code		
			SCEQUIPI@AOL.COM	7 1 10 0	**~
For furt	her in	iformation co	r:-mail address: (to be used for future annual report notificati all:	on) ආ
STEVEN CORREDERO		ORREDERO		305 3053453	۲.
		Name of	Person		lephone Number
Enclose	d is a	check for the	following amount:		
\$25	.00 F	iling 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)
		Registrat	NG ADDRESS: tion Section of Corporations c 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SC HURRICANE WINDOWS & MORE L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Compan	ny)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L18000141900</u> .	y were filed on	06/02/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	<u>/ here:</u>	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," tl	he designation "LLC" or the ab	breviation "L.L.C."
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 of registered agent and/or the new registered office address he	office address	on our records, enter	the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter I	Florida street address Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	STEVEN CORREDERO	14938 SW 132 AVE, MIAMI, FL 33 186	
			□ Remove
			Change
			Add
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Typed or printed name of signee

Filing Fee: \$25.00