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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

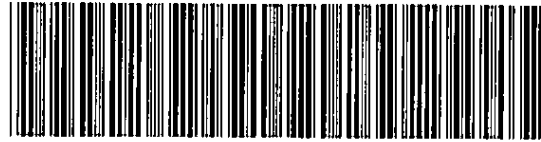
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**TO: Registration Section
Division of Corporations**

SUBJECT: SoFlo Impact Windows LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Anchin

Name of Person

SoFlo Impact Windows LLC

Firm/Company

2895 NE 32 Street #208

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

sofloimpactwindows@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Anchin 754 223-3700

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 32304

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
1000 Park Street, Suite 200
Tallahassee, FL 32304

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>	<u>Type of Action</u>
MGR	John Schumatti	2895 NE 32 Steet #210	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33306	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra Anchin	2895 NE 32 St #208	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33306	<input type="checkbox"/> Remove
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July 30, 2021

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pursuant to 605.0207 (3)(b)

Dated August 14 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00