L18000172819

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COVER LETTER

TO:

Registration Section
Division of Corporations

AGS WINDOWS & DOORS, LLC SUBJECT: 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: JOSE ANTONIO GUERRA Name of Person AGS WINDOWS & DOORS, LLC Firm/Company 16984 SW 144 PL Address MIAMI, FL 33177 City/State and Zip Code jose.guerra@agswindowsanddoors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE ANTONIO GUERRA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGS WINDOWS & DOORS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/17/2018 The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number L18000172819 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 "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 office address on our records, enter the name of the new registerec agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	TELMO F. GUERRA RAMOS	3500 SW 112TH AVE APT 218, Miami, FL 33165	= Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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			Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
r.c.	08/18/2021 tive date, if other than the date of filing: (optional)
If an e Note:	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is t	iled.
Dated	AUGUST 18 2021
	Signature of a member or authorized representative of a member
	JOSE ANTONIO GUERRA

Filing Fee: \$25.00