118000 199601

(Re	questor's Name)	
(Ad	dress)	.
	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to		





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12/14/16--61016--013 ••25.00

COVER LETTER

SUBJECT: FRC	Windows and Name of Limi	Daors, LLC ited Liability Company	
The enclosed Articles of E	Amendment and fee(s) are sub	mitted for filling,	
Please return all correspor	idence concerning this matter	to the following:	
	<u>Cira</u> R	Name of Person	
	FRC Wine	dows and Poors Firm/Company	
	10030 SW 43	2 TERR. Address	
	Miami Fl. 3	S3165 City/State and Zip Code	
		omail. Com to be used for future annual report notif	leation)
For further information co	oncerning this matter, please ca	all:	
Ciro Fuento		at (<u>786</u>) <u>570- (</u> Area Code Daytimo	788 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing 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

TO:

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

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 18000199601</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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:	——————————————————————————————————————
B. If amending the registered agent and/or registered end/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address .
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>
	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and a proyeded for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	Ciro R. Fuentes	10030 SW 42 TERR.	
		Miam; Fl. 33165	Remove
			⊠ Change
MGR	Isis Fuentes	10030 SW 42 TERR	
		Miami F1. 33165	□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

	<u></u>
	<u> </u>
Effec	tive date, if other than the date of filing: (optional) ffective 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 605.02
If an c Note	ffective 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 605.02 2. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
Th	e 90th day after the record is filed.
Date	December 6 2018
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Ciro R. Fuentes Typed or printed name of signee
	VAIRA IS. EURINTRIS

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Filing Fee: \$25.00