218000 201567

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
0141544		WINDOWS & SIDING LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JUAN TOVAR		
			Name of Person	
		TOVAR'S WINDOWS & :	SIDING	
		3605 CEDAR OAK DR U	NIT 108	
			Address	
		FORT MYERS, FL, 33916)	
		tovarglobalservices@gmail.	City/State and Zip Code com	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please co	nll:	
Steven	ns Tovar		305 7830197	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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:

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 Limite	d Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liz Florida document number L18000201567	ability Company were filed on 08/22/2018	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
TOVAR GLOBAL SERVICES LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)	
		<u> </u>
B. If amending the registered agent and/or the new registered off	or registered office address on our records, <u>er</u> <u>fice address here</u> :	nter the mame of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	5 f
	, Florid	
	City	Zip Code

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	JUAN DEL VALLE TOVAR	3605 CEDAR OAK DR UNIT 108. FT MYERS, FL, 33916	a Add
			Remove
			☐ Change
AMBR	STEVENS TOVAR	3605 CEDAR OAK DR UNIT 108, FT MYERS, FL. 33916	B Add
			☐ Remove
			Change
AMBR	ESTELA VILLALOBOS	3605 CEDAR OAK DR UNIT 108, FT MYERS, FL, 33916	Add
			Петоvе
			☐ Change
			Add
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		07/26/2019		,		<u></u>	
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	ed in this block does ite on the Departmen		ble statutory fili	ng requirements	this date w	ill not	be listed
	•						
	a delayed effecti		an effective	time, at 12:0	01 a.m. o	n the	earlier
he 90th day afte	er the record is fi	iled.					
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ted			<u> </u>				
			1,				
	Signature	of a member or autho	rized representatly	e of a member			

"D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00