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COVER LETTER

TO: **Registration Section Division of Corporations**

GLOBAL COOLING WINDOWS, LLC

SUBJECT:

4.

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Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SHANE NORTHROP, CPA

	_
Name of Person	
NORTHROP FINANCIAL GROUP, LLC	10
	APPI F
Firm/Company	HP IP
13700 SIX MILE CYPRESS PKWY STE 2	PROPROV
Address	PP 0 PU
FORT MYERS, FL 33912	H 3: L
City/State and Zip Code SHANE@NORTHROPFINANCIAL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SHANE NORTHROP, CPA 239 271-2488	
Name of Person Area Code Daytime Telephone Numb	er
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	filing Fee, rate of Status & rd Copy al copy is enclosed)

MAILING ADDRESS: **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

GLOBAL COOLING WINDOWS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/17/2018	_and assigned
Florida document number L18000221160	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SMART ENERGY WINDOWS, LLC

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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	Ciţy	. Florida 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective 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 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

MARCH 29	2019	
Many	Horland)	
	Signature of a member of authorized representative of a member	-
SHANE NORTHROP, C	CPA CPA	
·	Typed or printed name of signee	