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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

FLORIDA S SUBJECT:	ECURE WINDOWS & DOO	RS LLC	
NOBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of 7	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	SANDRA C KIM		
		Name of Person	
		Firm/Company	
	9909 VENETIAN RIVER	WAY	
	TAMPA, FL 33619	Address	
	HYEMIYOHAN@GMAIL.	,	dasecurea.com
		to be used for future annual report notifi	ecation)
For further information ec	ncerning this matter, please co	dl:	
SANDRA C KIM		4 <del>07 488-7286</del> at (646 ) 656	0948
Name of	Person		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:

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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

FLORIDA SECURE WINDOWS & DOORS L		
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records. mited Liability Company)	,
The Articles of Organization for this Limited Liability Cou	npany were filed on 09/24/2018	and assigned
Horida document number 1.18000226016		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L1.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		119
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
		- <del> </del>
Enter new mailing address, if applicable:		9 ===
Mailing address MAY BE A POST OFFICE BOX)		F
2 16 P 3 1/4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. J. fC	antan tha mana of the m
<ol> <li>If amending the registered agent and/or register registered agent and/or the new registered office addres</li> </ol>		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floi	rida
· <del>·······</del>	City	ridaZip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JUNG, YOHAN	9909 VENETIAN RIVER WAY	
			<b>\</b> Add
		TAMPA, FL 33619	
			☐ Remove
			Character (Character)
	KIM, SANDRA C	9909 VENETIAN RIVER WAY	Change
AMBR	KIM, SAIVERA C	2202 VEALTIAN MALE WAY	<b>⊟</b> Add
		TAMPA, FL 33619	
		***	□ Remove
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setiv	e date, if other than the date of filing: (optional)	
effec	tive 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	o 605.0
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be at's effective date on the Department of State's records.	: listed
шис	i seriective date on the Department of State 8 records.	
reco he 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e Oth day after the record is filed.	arlier
)	our day direct the record is med.	
, S	EPTEMBER 26TH 2019	
ed		
	() $()$ $()$ $()$	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00