L18 000 261352

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	

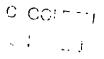
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Superior Wind Name of Line	OWS & DWG LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Ronald	D. Drutus
Superior W	indows & Doors LLC
68 Var	Address
North Fr.	Meyers FL. 33903 City/State and Zip Gode
0//g/assar	ndalum@gmail.Com to be used for future annual report notification)
For further information concerning this matter, please of	all:
Jody Huskey Name of Person	at (<u>239</u>) <u>224-0573</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) (V Sn0 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTICLES OF O	ORGANIZATION OF
\mathbf{C}	OF Sold of the second of the s
Superior Windows (Name of the Limited Liability Comp.) (A Florida Limited)	Day as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000261352</u>	were filed on $11/7/2018$ and assigned
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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	68 Vans Dr.
(Principal office address MUST BE A STREET ADDRESS)	North Fort Meyers, FL
Trincipal office dutiess MOST HE A STREET ADDICESSY	33903
Enter new mailing address, if applicable:	68 Vans Dr.
(Mailing address MAY BE A POST OFFICE BOX)	North Port Meyers, FL 33903
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 68	Vans Ur Euer Florida street address
North F	THE Production of the Meyers Florida 33903
	City Zin Carla

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.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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fective date, if other n effective date is listed ote: If the date insert cument's effective d	i, the date must be sp ted in this block do	ecific and can bes not meet	not be prior to the applicabl	date of filing or le statutory fil	more than 90 c	_ (optional) days after filing ents, this date	.) Pursuant to 605.0	0207 d as
record specifies The 90th day afte	a delayed effe er the record is	ctive date s filed.	e, but not a	an effective	time, at 1	.2:01 a.m.	on the earlie	er of
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	Sigga	ture of a mem	ber or authoriz	zed representati	ve of a member	rl		

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Filing Fee: \$25.00