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COVER LETTER

TO: F' Registration Section Division of Corporations
SUBJECT: CBC Undows LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD DANIEL THIESSEN Name of Person
CBC Windows LLC Firm/Company
Firm/Company
718 WILLARD AVE
Address
LEHIGH ACRES, FL. 33972 City/State and Zip Code
City/State and Zip Code Muddinmore Q yahoo. Com E-mail address: (to be feed for future annual report notification)
For further information concerning this matter, please call:
RICHARD DANIEL THIESSEN at (239) 222-5187 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee SCErtified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CBC Window	ws L	LC				
CBC Window Name of the Limite	d Liability Comp. A Florida Limited	tny as it now a Liability Comp	ppears on our reco	ords.)		
The Articles of Organization for this Limited Lia		were filed o	n 3/11/2	2019	and ass	ignea
Florida document number <u>L190006758</u>						
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility compar	<u>ıy here</u> :			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company,"	the designation "L	LC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applica	ıble:					
(Principal office address MUST BE A STREE)	(ADDRESS)					
Enter new mailing address, if applicable:					<u> </u>	
(Mailing address MAY BE A POST OFFICE I	BOX)		 		<u> </u>	
					. H 007 (
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office	address on o	ur records, <u>ent</u>	er the na	me of the nev	v registerec
agent and/or the new registered office address	s nere:				22 圣	
. same of New Registered Agent:	RICHA	RD	DANIEL	_ TH	1 <u>e22em</u>	
New Registered Office Address:	81F_		LD AVE			
	LEHIGH				22070	
		MURES (in]	rio rida _	JOT 1 L	·

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.

1 D T

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	RICHARD THIESSEN	2441 VERNON AVE	□Add
		LEHIGH ACRES FC, 33973	⊠ Remove
			DChange
AMBR	RICHALD DANIEL THIESTEN	718 WILLARD AVE	□Add
		LEHICH ACRES, FL 33972	□Remove
			X Change
			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			□Remove
			□Change

<u>C</u>	HANG	125	RICHARD	DAVIEL	THIE	SSEN	FRom
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effectiv te: If th	e date is liste e date inse	ed, the date mus rted in this bl	date of filing: the specific and cannot ock does not meet the epartment of State's	t be prior to date of filing e applicable statutory records.	g or more than 90 filing requirer	(optiona days after filin nents, this da	g) Pursuant to 605 02
cord spe	ecifies a de	layed effectiv	e date, but not an eff	ective time, at 12:01	a.m. on the ear	lier of: (b)	The 90th day after th
s med.							
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	R	~ '	D T	7 or authorized represen	tative of a memb	er	