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COVER LETTER

E'	ion Section of Corporations			
STOI	RM WINDOW TESTING AND CONSULTING, LLC			
SUBJECT.	Name of Limited Liability Company			
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.			
Please return all co	orrespondence concerning this matter to the following:	4 7,	2810	
	Jorge A Frade Jr		2819 179 -1 12 19 24	
	Name of Person	"(r ·	1	سي ا
	STORM WINDOW TESTING AND CONSULTING, LLC	<u> </u>	T	
	Firm/Company	-	4	
	6831 SW 129 AVE		211	
	Address	•		
	Miami/FL 33183			
	City/State and Zip Code	•		
	jfrade180@yahoo.com			
	E-mail address: (to be used for future annual report notification)			
For further informa	ation concerning this matter, please call:			
Jorge A Frade Jr	at ()		_	
,	Name of Person Area Code Daytime Telephone Number			
Enclosed is a check	k for the following amount:			
\$25.00 Filing I	Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 Fil	te of St Copy	atus &	

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

STORM WINDOW TESTING AND CONSU			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appear Limited Liability Company)	s on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Co	mpany were filed on	03/14/2019	and assigned
Florida document numberL19000071768	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	esignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u></u>		(1)
		·	
			<u>۽ چ</u>
Enter new mailing address, if applicable:			22
Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registo	orad office address on	our records en	ter the name of the
registered agent and/or the new registered office addre		our records, en	ter the name or the
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GRAVIER, ALEJANDRO A, JR	6831 SW 129 AVE. APT 3 MIAMI, FL 33183	
			∭ Remove
			Change
MGR	FRADE, JORGE A, JR	6831 SW 129 AVE, APT 3 MIAMI, FL 33183	Add
			Remove
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			Change Ch
			☐ Change
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n effect	date, if other than the ive date is listed, the date mus the date inserted in this blo	t be specific and	cannot be prior	to date of filing of	ir more than 90 da	iys after filing.) Pu	rsuant to 60	05.020 sted a
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The 9	Oth day after the rec	ord is filed.	ate, but no	c an enectiv	e time, at 1	2.01 4.111, 011	the can	iici c
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Filing Fee: \$25.00