

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002371513)))



H190002371513ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

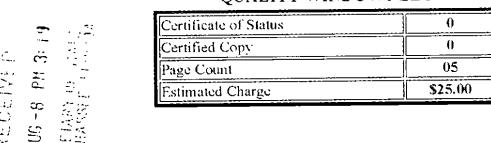
Account Number : I20050000099

Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil Ad	laima a a a a		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OUALITY WINDOWS LLC**



Electronic Filing Menu Corporate Filing Menu

Help

To: LLC Amendments

Fax: (850) 617-6383

Page: 3 of 5 08/08/2019 2:42 PM

COVER LETTER

TO: Registration Se Division of Cor			·		
SUBJECT: QUALIT	Y WINDOWS LLC				
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspondence	ondence concerning this matter t	to the following:			
	ROMAN ALBANO				
		Name of Person			
	CONTRACTORS REPORTING SERVICE INC				
		Firm/Company			
	13795 N NEBRASK	A AVE			
		Address			
	TAMPA, FL 33613				
	17441 74, 12 00010	City/State and Zip Code			
	info@activatemylicer	nse com to be used for future annual report no	iheation)		
			anondon)		
For further information	concerning this matter, please ca	311;			
ROMAN ALBANO		at (<u>813</u>) <u>932-524</u> Area Code Daytir	4		
Name	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 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)		
	LING ADDRESS:		tier Address:		
Regis	tration Section	Registration Sect	ion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 From: Roman Albano

Fax: 18139325244

To: LLC Amendments

Fax: (850) 617-6383

Page: 4 of 6

08/08/2019 2:42 PM

(((H190002371513)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY WINDOWS LLC	
(Name of the Limited Liability Company as it) (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	iled on 4/9/2019 and assigned
Florida document number <u>L19000097867</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and end with the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) —	19
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	- 1
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ci	ty Zıp 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

Page 1 of 3

rom:	Roman	Albano

Fax: 18139325244

To: LLC Amendments

Fax: (850) 617-6383

Page: 5 of 6 | | 08/08/2019 2:42 PM

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Man AMBR = Aut	rager horized Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	MARK A CALDEVILLA	3705 N. HIMES AVENUE TAMPA, FL 33607	
			□ Add □ Remove
			O Add Remove
		**************************************	学 O DAdd — D Remove
			□ Add □ Remove

From: Roman Albano Fax: 18139325244 D. It amending any other miormati	To: LLC Amendments TON, enter change(S) here	Fax: (850) 617-6383 : [Allach adamonal shee	Page: 6 of 6 PIS: If necessary.)	08/08/2019 2:42 PM
	7 17	,		19000237151 3))
				_
				<u>-</u>
E. Effective date, if other than the o	date of filing:	- · · · · · · · · · · · · · · · · · · ·	(optional)	
(The effective date must be specific, cannot the date this document is filed by the Flor		ed date and cannot be more th	an 90 days aner	
·				
Dated JULY 31	. 2019	<u> </u>		
/ /	1 1 11	or .		
	Signature of a member or autho	rized representative of a more	lici :	
DAVID DOKE				
DAVID BOKE	Typed or printed	d name of signed		·
			:: :	19