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SECRETARY OF A STATE

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## **COVER LETTER**

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Circum and Circ		oast Impact Windows	•			
SUBJECT	l:	Name of Limi	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please rett	ırn all correspo	ndence concerning this matter	to the following:			
		Michael Weiner				
			Name of Person			
		Mpach Windo	Firm/Company			
		108 W Sandpiper Circle				
			Address			
		Jupiter Fl 33477				
		City/State and Zip Code				
		sflacontractors@gmail.com  E-mail address: (to be used for future annual report notification)				
For further	r information co	oncerning this matter, please ca		ication)		
MIchael V	Veiner		239 8881506			
Name of Person			at () Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	e following amount:				
<b>■</b> \$25.00	9 Filing Fee	S30.00 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: 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

SOUTHERN COAST IMPACT W	INDOWS LLC		
(Name of the Lim	ted Liability Company as it now (A Florida Limited Liability Co	w appears on our records.) mpany)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on 05/06/2019			
Florida document number L19000121665	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	pany here:	
Mpact Windows & Doors LLC			
The new name must be distinguishable and contain the	words "Limited Liability Compan	iy," the designation "LLC" or the abbr	
Enter new principal offices address, if appli	cable:		20 JAN
Principal office address MUST BE A STREA	ET ADDRESS)	mr 105.	₹ Ti
		(A.2) (The	ω Γ
		# FT 08	H KO
Enter new mailing address, if applicable:		RN	
(Mailing address MAY BE A POST OFFICE BOX)		OF A	<u> </u>
			<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address o ss here:	n our records. enter the name	of the new register
Name of New Registered Agent:	Daniel Caner		
New Registered Office Address:	108 W Sandpiper Circle		
		inter Florida street address	

## 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.

City

Jupiter.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	Daniel Caner	108 W Sandpiper Circle Jupiter FL 33477	
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			□Change
			□Add
			🗀 Remove
			□Change
			□Add
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ective date, it offi reffective date is list	her than the date of ed, the date must be spec	ific and cannot be p	rior to date of filing	or more than 90 days	optional) after filing.) l	Pursuant	to 605.020
te: If the date inse	erted in this block doe date on the Departme	s not meet the app	plicable statutory	filing requirements	t, this date w	ill not b	e listed a
ecord specifies a de	rlayed effective date, b	out not an effectiv	e time, at 12:01 a	m, on the earlier o	f: (b) The	90th dag	y after the
is filed.							
is filed.	100	,	· ·				
ted i-02-20	1/1/	re of a member or a	•				