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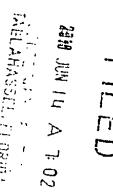
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# **COVER LETTER**

TO: Registration Section
Division of Corporations

JMI WINI SUBJECT:	DOWS & DOORS LLC				
SUBJECT:	Name of Lim	ited Liability Company	BE JUNIU A 7 02		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	UN TI		
Please return all corresp	ondence concerning this matter	to the following:	23.E		
	ALABOVITZ. LEONARI	D A	JUNIU A 7 02		
	<del></del>	Name of Person			
	JMI WINDOWS & DOOI	RS LLC			
		Firm/Company			
	9650 TARA CAY CT				
		Address			
	SEMINOLE, FL 33776				
	-	City/State and Zip Code			
	leo@jmiwindows.com				
	E-mail address: (	to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	alt:			
ALABOVITZ, LEONARD A		570 7780873 at ( )			
Name	of Person		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)		

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

### JMI WINDOWS & DOORS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_05/15/2019 and assigned Florida document number \_\_\_\_L19000131470 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the appreviation TLL Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the 1 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter 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 a 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

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JASON MCM	9650 TARA CAY CT	
		COMBIOLE EL 2277/	□ Add
		SEMINOLE FL 33776	■ Remove
		9650 TARA CAY CT	
			■ Change
AMBR	JASON MCMAHAN	SEMINOLE FL 33776	Add T
			Remove.
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and car	6/6/19	(ontional)	
(If an effective date is listed, the date must be specific and car	nnot be prior to date of filing or m	nore than 90 days after filing.) Pu	rsuant to 605.0207
Note: If the date inserted in this block does not meet document's effective date on the Department of State	t the applicable statutory filings's records.	ig requirements, this date will	not be listed as t
If the record specifies a delayed effective date (b) The 90th day after the record is filed.	e, but not an effective t	time, at 12:01 a.m. on	the earlier of
Dated,			
Signature of a men	nber or authorized representative	e of a member	
	/ / .		
ALABOVITZ, LEONARD A			
Ty	ped or printed name of signee		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00