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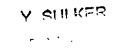




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## **COVER LETTER**

SUBJECT: <u>CA</u> T	FIVE IMPACT WI Name of Lim	NDOWS + DOURS, LL ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	HAYDEE	PEREZ Name of Person	
	IMMIGRATION	+ INCOME TAX SCR Firm/Company	NICE ASSCC, INC.
	854 N MILIT	ARY TRAIL Address	
	WEST PALM BE	ACH FL 33415 City/State and Zip Code	
		67 (a) YAHOO · COM to be used for future annual report notif	fication)
For further information co.	oncerning this matter, please ca	all:	
HAYDEE PE	REZ F Parcon	at ( 541 ) 582- Area Code Daytime	5599
Name 0.	retson	Alea Colle 17ayillik	receptione Number
Enclosed is a check for th	ne following amount:		
S25.00 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

TO:

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

CAT FINE IMPACT L	SINDOWS + DOORS, LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05 21 2019 and assigned	
Florida document number <u>LI9000137100</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2100 Springdale Blvd, Apt. Y117 Palm Springs, FL 33461	
(Principal office address MUST BE A STREET ADDRESS)	Palm Springs, FL 33461	
Enter new mailing address, if applicable:	2100 Springdale Blud, Apt. 4117	
(Mailing address MAY BE A POST OFFICE BOX)	2100 Springdale Blud, Apt. Y117 Palm Springs, FL 33461	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new e: $\frac{\sum_{i=1}^{N} c_i}{\sum_{i=1}^{N} c_i} = \frac{20}{10}$	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	
	City Zig Code	
New Registered Agent's Signature, if changing Registered Agent:	<i>→</i> • • • • • • • • • • • • • • • • • • •	

If Changing Registered Agent, Signature of New 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 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
AMBR	Miguel Abella, Jr.	18057 Orange Grove Bl	Ud add
		Loxahatchee, FL 33470	Remove
			Change
	,		□ Add
			□ Remove
		<del></del>	☐ Change
		<del></del>	Add
			☐ Remove
			Change
<del></del>			Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			🗖 Change

B. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. From this day forward, I, Miguel Abella, Ir, want no
more affiliation with the corporation or any financial
matters, including any bank accounts or any newly
incurred debts.
<del>-                                     </del>
E. Effective date, if other than the date of filing: November 16, 2019 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (optional)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated November 16, 2019.
Signature of a member or authorized representative of a member
Miguel Abella, Jr. Typed or printed name of signee
Laydee Pf

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Filing Fee: \$25.00

Notary Public State of Florida HAYDEE PEREZ My Commission GG 178809 Expires 01/24/2022