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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

THE WING	DOW BY NALDY, LLC.					
SUBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	ARNALDO Y. DIAZ RO	DRIGUEZ				
		Name of Person				
	THE WINDOW BY NAL	DY, LLC.				
		Firm/Company				
	3769 METRO PKWY , A	PT 8206				
		Address				
	FORT MYERS, FL 33916)				
	-	City/State and Zip Code				
	DIAZARNALDO1998@G					
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please co	all:				
ARNALDO Y., DIAZ R	ODRIGUEZ	786 278-8334				
Name o	(Person		e Telephone Number			
Enclosed is a check for the	ne 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 Addres		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WINDOW BY NALDY, 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 $\frac{05/28/2019}{}$ and assigned Florida document number 1.19000142418 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WINDOWORKS, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

Enter Florida street address

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
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			□Change
			□Remove
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Effective date, if other than	he date of filing	: <u>06/01/2020</u>		(o _l	otional)		
If an effective date is listed, the date Note: If the date inserted in this							
document's effective date on the			ie statery tring	s requirements.			ince the
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Dated		2020					
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	Signature of a m	tember or authoriz	ed representative	of a member			

Typed or printed name of signee