U19000 181 576

Office Use Only



400333126674

据《Bold·Hon . 下下 ★65.33

2015 - 10 Fil 2: 1,5

Anundcui

SEP 0 5 2019 I ALBRITTON

COVER LETTER

ΓO: Registration Section Division of Corporations	
SUBJECT: Ham Windows # Doors LIC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sinz Moore Name of Person	
Hamulton Wurdows + Doors LLC Firm/Company	
3641 NW 6 St Address	
City/State and Zip Code City/State and Zip Code and Zi	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (154) 3(07-22-54 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Hamilton Windows		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4900181576	were filed on 7/15/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		23:
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records.	enter the name of the ne
registered agent and/or the new registered office address here	•	7. 1. 5
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip 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

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
HGR	Augustus Homita	on 3641 NW 6 St.	17.121d 18.00
			Remove
			Change
		·	☐ Remove
			Change
			Dbb 🗆
			□ Remove
			Change
			Add
			Remove
			Change
			D Remove
			☐ Change
			☐ Remove
			□ Change

•	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an : <u>Note</u>	ctive date, if other than the date of filing: 8 30 19 (optional) 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 (3) in If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d 8 20 His Signature of a member or authorized representative of a member
	1 - 1
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00