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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	.—

Office Use Only



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COVER LETTER

SUBJECT POFFS	sional Window	SERVICES LLC	
SUBJECT: 1706CL	Name of Lim	ited Liability Company	
			1
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Youl Cabre	Name of Person Window SERV, Firm/Company	
		Name of Person	
	Professiona	1 Window SERV.	ices lic
		Firm/Company	
	2350 NE	135 ST # 311 Address	
		Address	
	North 1	MIAMI Pl. 33181 City/State and Zip Code + @ YAHOO. COM	
		City/State and Zip Code	
	Yoelcabo?	to be used for future annual report notifi	V
			ication)
For further information co	oncerning this matter, please co	all:	
Youl Cabre	A	at (<u>305</u>) <u>205</u> -	7256
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	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 ADDRESS:

TO:

Registration Section Division of Corporations

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

Professional W	indow	Service	s lu	<u>۔</u>			
(Name of the Limited (A	<u>Liability Comp</u> Florida Limited	any as it now app Liability Compar	<u>vears on ou</u> y)	r records.)			
The Articles of Organization for this Limited Liab Florida document number <u>L 190002123</u>	oility Company	y were filed on	8/1	0/1019	ar	nd assign	ned
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited lia	bility company	here:				
NIA						[
The new name must be distinguishable and contain the word	ds "Limited Liab	oility Company," tl	ne designati	on "LLC" or the	e abbreviati	ion "L.L.C	
Enter new principal offices address, if applicab	ole:						
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>				7	2019	
Enter new mailing address, if applicable:					TE STA	SEP 30	!
(Mailing address MAY BE A POST OFFICE BOX)			; ′.	ΔH			
					- <u>-</u>	10: 53	· <u>·</u> _
B. If amending the registered agent and/or registered agent and/or the new registered office			on our	records, <u>ent</u>	er the n		the
Name of New Registered Agent:	Yoel	CAbrera			<u> </u>		
New Registered Office Address:	2350	N.E 135	ST	# 311			
	North	Mi Ami	Florida stre	et address , Florida	FL	331	81
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager AMBR = Authorized Member Type of Actio Title <u>Address</u> <u>Name</u> Youl Cabrera MGR 2350 NE 135 ST # 911 NORTH MIAMI, PL 33181 Add I ☐ Remove ☐ Change 🗖 Add 🕛 ☐ Remove ☐ Change DbA □ ☐ Remove ☐ Change □ Add □ Remove 🔲 Change 🔻 □ Add ☐ Remove ☐ Change ₁ □ Add ☐ Remove ☐ Change □

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being :

or removed from our records:

	EIN NUMber	84 - 2923592	7	
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E. Effe (It`an)	ctive date, if other than the (effective date is listed, the date must	date of filing:	(optilate of filing or more than 90 days after	ional) r filing.) Pursuant to 605.020
Note	arphi If the date inserted in this blo	ock does not meet the applicable	e statutory filing requirements, th	is date will not be listed
doci	iment's effective date on the De	partment of State's records.		
		. (6)	a official black as to 12.01	and the application
if the r (b) Th	ecord specifies a delayed he 90th day after the reco	errective date, but not a ord is filed.	n effective time, at 12:01	a.m. on the earner
(·)				
Date	d September 2	3 2019		
Date	<u> </u>	7	•	
		ϕ		
		Signature of a member or authoriz	ed representative of a member	
	• / 2 2			
	$V_{\alpha} D C_{\alpha} I$	reva	ame of signee	

Page 3 of 3

Filing Fee: \$25.00