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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
	US WINDOWS A	AND DOORS LLC ited Liability Company		
	Name of Lim	ited Liubility Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	<i>U</i>	PANIEL PARKER Name of Person		
	PLUS WIND	OWS AND DOORS Firm/Company	UC	
	222 NE 15T.	AVE HOLLANDOLE	BEACH, FL, 33009	
	HOLLAND	City/State and Zip Code	3 3069	
	OMG 95	54@ GMpil. COM to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c		Teat(AI)	
OLEKSIY PO	NIKAROVSKYY	at(310_) 343-2	3737	
OLEKSIY PONIKARONSKYY Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
X \$25.00 Filing Fee	S30.00 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 Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Corporations		
P.O. Box 632		The Centre of T	allahassee	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLUS WINDOWS A	oility Company as it now appears on our records.)	
(A Flori	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on <u>08/26/2019</u>	and assigned
Florida document number <u>L 19000218216</u>	<u>'</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		2022 SE
(Principal office address MUST BE A STREET ADL	DRESS)	と思いる。
		2 2 3
Catanana mailine adduna (Canalinab).		PH
Enter new mailing address, if applicable:		TILO E TO
(Mailing address MAY BE A POST OFFICE BOX)		m
B. If amending the registered agent and/or register agent and/or the new registered office address here		of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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 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>	<u>Address</u>	Type of Action
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		HALLANDALE BE	4СH, FL, 33009 XRemove
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