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DALL BASSEE TLORIDA

SEP 2 7 2022 S. PRATHEF

COVER LETTER

5,

TO:

TO: Registration Sec Division of Corp			
august Alai	FLODIDA WI	NDOWS 1-1-C	
SUBJECT:	Name of Lim	NDOWS LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
		Name of Person	
	PILL I DOPIL	DA WINDOWS L	
	1-10 1-00	Address	
	MIAMI, FL Sam QALL E-mail address: (33138 City/State and Zip Code FL WINDOWS. To be used for future annual report noti	Co∼ fication)
For further information co	ncerning this matter, please ca		
		at (305) 788. Area Code Daytim	7483 e Telephone Number
Enclosed is a check for the	e following amount:		
X \$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 Registration S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	porations allahassee
Tallahassee, F	L 32314	2415 N. Monro Tallabassee FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 9:17:72 and assigned Florida document number L19000235300.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
ALL FLORIDA CONSTRUCTION AND DEVELOPMENT 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)
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: Enter Florence and Company and Com
. 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 Changing Register New Registered Agent

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
			□Add
			□Remove
			□Change
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). If amending any other information, enter change(s) here: (Attach additional sheets, if necessal		
		_
<u></u>		
·		
Effective date, if other than the date of filing: Date of filing (optional (If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) To the control of the date of filing of more than 90 days after filing the notation of the date of filing of more than 90 days after filing the date of filing of more than 90	g.) Pursuant to 605 e will not be list	ed as the
ord is filed.		
Dated June 29 TH . ZOZZ .	MILH	2022 JUL -5 AH 10: 1.5
Signature of a member or authorized representative of a member	50 m	<i>}</i> = .1
	m-	5
Sam Modzelewski Typed or printed name of signee		1 0:
., .	ORIDA	5

Filing Fee: \$25.00