

L20000004293

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Support@licensesetc.com

SECRETARY OF STATE
TALLahassee, FLORIDA

2020 FEB 28 AM 9:19

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STI WINDOWS & DOORS, L.L.C.

Certificate of Status	1
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Page Count	07
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2020 FEB 28 PM 11:46

Electronic Filing Menu

Corporate Filing Menu

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MAR 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STI Windows & Doors, LLC.

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:

Nathan Stapleton

Name of Person

STI Windows & Doors, LLC

Firm/Company

1313 W Boynton Beach Blvd STE 113 #338

Address

Boynton Beach, FL 33426

City/State and Zip Code

nate@stswindows.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Nathan Stapleton

561

285-2668

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STI Windows & Doors, 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 12/23/2019 and assigned
Florida document number 120000004293.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STS Impact Windows & Doors LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1313 W Boynton Beach Blvd, STE 1B #338

Boynton Beach, FL, 33426

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1313 W Boynton Beach Blvd, STE 1b #338

Boynton Beach, FL, 33426

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:

Nathan D Stapleton

New Registered Office Address:

1313 W Boynton Beach Blvd, STE 1b #338

Enter Florida street address

Boynton Beach

Florida 33426

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

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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>	<u>Type of Action</u>
AMBR	Nathan D. Stapleton	8020 Canary Island Way, Boynton Beach, Fl, 33436	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please also include the FEIN for the company. This number is 84-4068422.

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed.

Dated February, 18 _____, 2020

N Stapleton

Signature of a member or authorized representative of a member

Nathan D. Stapleton

Typed or printed name of signee

Filing Fee: \$25.00

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