120000027001

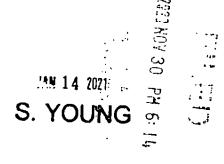
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	ry/State/Zip/Phone	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500355581005

11/30/20--01023--013 **30.00



COVER LETTER

٠,٠	istration Section ision of Corpor			
SUBJECT:	South	land Winds Name of Lim	US & DONES (LC *
The enclosed	Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return	all corresponde	ence concerning this matter	to the following:	
		Yenise;	Janzalez Name di Person	
		Southlan	78 WINDOWS €	Doors LLC
		16337 Willou	Address Address City/State and Zip Code	
		Mami LAK	es FL 33014	· · · · · · · · · · · · · · · · · · ·
	-	YENISEY, GO E-mail address: (NIALET & GMAI to be used for future annual report	L. COM notification)
For further in:	formation conce	erning this matter, please ca	all:	
YEA	uisey (n souralez	at (<u>786</u>) <u>47</u> Area Code Da	9-3355
	Name of Per		Area Code Da	ytime Telephone Number
Enclosed is a	check for the fo	ollowing amount:		
□ \$25.00 Fi	iling Fee C	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southland Wind	ous and Dooks	: <i>UC</i>
(Name of the Limited Liah) (A Florid	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability		15/2020 and assigned -
Florida document number <u>L 20000022 00</u>	<u>) </u>	D (i i i
This amendment is submitted to amend the following:		Ö, Jak
A. If amending name, enter the new name of the lin	mited liability company here:	F
The new name must be distinguishable and contain the words "Li	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida .	treat address
	Enter Pioriaa .	
	City	, Florida 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	REINIER LOPEZ	14337 WI/POW CALLER DR	□Add
		14337 WI/FOW CLUK DR HIAMI LAKES FL 33014	□Remove
			MChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change

	Regis	eshna	nam	e title	chang	e for	exist	ng
	mon	nher			chang			0
	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·			
								
-					• • • • • • • • • • • • • • • • • • • •			
								
		<u> </u>						
			······	<u> </u>	· ·			
_						<u> </u>		
_			· · · · · · · · · · · · · · · · · · ·					
					,			
tive	date, if ot	her than the	e date of filin	g: ///	23/2020 to date of filing or mo	(optional)	
ffecti : If	ive date is list the date inse	ed, the date mu erted in this b	ist be specific and lock does not i	d cannot be prior neet the applica	to date of filing or me able statutory filing	ore than 90 days requirements	after filing.) Pursu this date will n	ant to 605. ot be liste
				State's records.				
				aa				
ord s filed.		elayed effecti	ve date, but no	t an effective ti	me, at 12:01 a.m. o	n the earlier o	of: (b) The 90th	day after
	11	,			A/			
	Woll	mber	23 45	2020				
d	1 HHL			,				
i	<i>)</i>				N// / /			
i			Signature of a	member or ayen	fized representative	of a member		