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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
And the season	A WINDOW LLC	•			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	RAMON DE LA VINA				
		Name of Person			
		P2 (/)			
		Firm/Company			
	4340 NW 11 ST APT 1				
		Address	· ·		
	MIAMI, FL 33126				
		City/State and Zip Code			
	papitoelpinto@hotmail.com				
		to be used for future annual repor	t notification)		
For further information co	oncerning this matter, please c	all:			
RAMON DE LA VINA		786 378319	4		
Name of	Person	Area Code Da	aytime Telephone Number		
Enclosed is a check for th	e following amount:				
	-		5 6 6 6 6 7 1 1 1 1 1 1 1 1 1 1		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	<u>::</u>	Street Addres	SS:		
Registration S	ection	Registratior	1 Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 632' Tallahassee, F			on Tallanassee onroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE LA VINA WINDOW DOOR 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 $\frac{02/10/2020}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Florida street address

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDRES RIBALTA	4340 NW 11 ST APT 1 MIAMI, FL 33126	■Add
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record specifies a de	layed effective date, bu	ut not an effective	time, at 12:01 a.m	on the earlier of: (b) The 90th	dav after the
is filed.	,			, e.,	, , , , , , , , , , , , , , , , , , ,	,
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March 2nd,						
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Filing Fee: \$25.00