Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000319606 3)))



H200003196063ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number : (305)675-5944

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

| Email | Address: | |
|-------|----------|--|
|-------|----------|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EASY IMPACT WINDOWS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



| Articles of Amendment to LLC Articles of Organ | nizati | OTÍ A | æ |
|---|----------------------|-----------------|------------|
| EASY IMPACT WINDOWS, LLC | | on o | ' - |
| The Articles of Organization for this Limited Liability Company were 22/20/20 and assigned Florida document number 12/2000/00/59/5/9 | ne filed o | 'n | |
| This amendment is submitted to amend the following: | | | |
| I am changing the name to | | | |
| Finnacle Impact windows and Doores | ريد | , | |
| | <u>'</u> | | |
| • | | ~ | |
| | 3.737) | 2020 SEF | |
| · | \$ 35 \$ 35 | ≅ | |
| | | P. | in |
| | (-1.2) r | <u> </u> | <u>U</u> |
| • | | ه | |
| | | | |
| | | | |
| These articles of amendment were adopted on | | _ - | |
| Dated $\frac{9/14/20}{}$ | | | |
| A- | | | |
| Signature of a member of authorized representative of a membe | | | |
| Signature of a member of authorized representative of a membe Amusika Agus Typed or printed name of signee | | | |
| S. A. | | | |
| New Registered Agent's Signature, it changing registered and accept the I hereby accept the appointment as registered agent. Familiar with and accept the position. | e o bligati a | ns of ti | he |
| Signature of New Registered Agent, if changing | | | |