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## **COVER LETTER**

Division of Corp	orations		•	
SUBJECT. SO	CAKY CLEAN	WINDOWS LLC ited Liability Company		,
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	idence concerning this matter (	to the following:		
	JOHN M. T	Name of Person		
		Name of Person		
	SQUEARY CL	Firm/Company	L C	
		Firm/Company		
	19544 UTOPI	4 LAWE		
	<u></u>	Address	<del></del>	
	ESTERO, FO	L, 33928		
		City/State and Zip Code		
	JMDOHGAN CE	SMAIL. COM		
	E-mail address: ()	to be used for future annual report noti	fication)	
For further information co	ncerning this matter, please ca	all;		53 53
JOHN M. DE	AL AN	at (239) 994 - Area Code Daytim	8625	100 May 100 Ma
Name of	Person	Area Code Daytim	e Telephone Number	<del>م</del> ن
				1 /
Enclosed is a check for the				ຕລ ເກ
\$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 Stat Certified Copy (additional copy is en	tus &

Mailing Address:

Registration Section

TO:

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

Saugaky Clemal Wini Dows LL C

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Lia	ionity Company)		
The Articles of Organization for this Limited Liability Company we Florida document number 42000067495	vere filed on MARCH 02, 202	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability  SUPER CLUBAL WINDOW AND SCRUEN			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the al	bbreviation "L.L.C."	·-
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 acagent and/or the new registered office address here:	idress on our records, enter the nan	ne of the new re	gistered
Name of New Registered Agent:		282	
New Registered Office Address:	Enter Florida street address		
	Florida	Zip Code	. ]
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code 	"
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with a ; if this docume	nd

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>	<u>Address</u>	Type of Action
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			□Remove
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record specifies a do	layed effective d	ate, but not an	effective tir	me, at 12:01 a	.m. on the ear	lier of: (b) T	The 90th da	y after th
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