L20000149834

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO:

FO; Registration S Division of Co			
	Replacement Group LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	David C. Tassell, Esq.		
		Name of Person	_
	Joseph C. Kempe PA		
		Firm/Company	
	941 N Hwy A1A		
		Address	_
	Jupiter, FL 33477		
	fredb@windowreplaceme	City/State and Zip Code entgroup.com	_
	E-mail address: (to be used for future annual report notification)	-
For further information	concerning this matter, please concerning	all:	
David C. Tassell		561 747-7300 at ()	
Name of Person		Area Code Daytime Telephone Num	ber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ed Copy and copy is enclosed)
Mailing Addr Registration Division of P.O. Box 62 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	: 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Window Replacement Group 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 June 2, 2020 ____ and assigned Florida document number <u>L20000149834</u> 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ CinvNew 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR 	William J. Shea II	Jupiter FL 32458 Mighway Snite	□Add
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record specifies a is filed.	delayed effective d	late, but not	an effective	time, at 12	:01 a.m. on t	ne earlier of:	(b) The 90	th day after the
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Filing Fee: \$25.00