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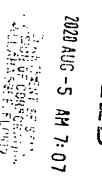
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SEP 23 2020 S. YOUNG



## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	icane Shutters LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mima A Zurita		
		Name of Person	<del></del>
	A & J Hurricane Shutters		
		Firm/Company	
	7970 Saw Palmetto lane		
		Address	
	Boynton Beach, Fl 33436		
		City/State and Zip Code	
	zurbur@verizon.net		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Mirna A Zurita		631 5780633 at ( )	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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		Street Address:	action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

A & J Hurrican Shutters LLC		温 17
( <u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our records.) rida Limited Liability Company)	7
The Articles of Organization for this Limited Liability Florida document number L20000205262		and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	
	City	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>	<u>Address</u>	Type of Action
MGR	Jeannette Torres	6957 Cobia Cir	
		Boynton Beach, Fl 33437	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
		<del> </del>	☐ Change
	<del></del>	<del></del>	□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	age is now required so we can open the bank a	ccount.
Any questions, if required p	lease call 631-5780633. Mirna Zurita MGR or	Jeannette Torres MGR
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ective date, if other than the effective date is listed, the date mee: If the date inserted in this lument's effective date on the	ist be specific and cannot be prior to date of filing or lock does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.020
cord specifies a delayed effect s filed.	ve date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
	2020	
ed	·	

Filing Fee: \$25.00