## LZ0000303567

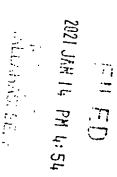
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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2/18/21

## **COVER LETTER**

TO: Registration Section

Division of Corporations			
SUBJECT: Sonshine winds. Name of Lin	Door Installation IIC nited Liability Company		
The enclosed Articles of Amendment and fee(s) are sub-	bmitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
<u>Samuel</u>	Hernandez Name of Person		
	Firm/Company		
6008	gebrook Dy Address		
Samel  E-mail address:	FL 32809  City/State and Zip Code  h837@9ncilGov  (to be used for future annual report notification)		
For further information concerning this matter, please of	call:		
Samuel Herrandez	at (321) 347 4372 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: 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

Scricking windows 3 Day in Stallation 110
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

vere filed on $01/09/2021$ and assigned
ity company here:
y Company," the designation "L.L.C." or the abbreviation "L.L.C."
2021
ក <u> </u>
ldress on our records, enter the name of the new registered
Enter Florida street address
, Florida
City Zip Code
<u>i</u>

## 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>	Address	Type of Action
Ambr	Steven Vazquez Juarbe	4230 Barwood Drive	□Add
	Jour De	4230 Borwood Drive	IF Remove
			□Change
AMD	Cesar Garcia	6008 & Edgebrook Drive	
		orland Fl 32809	De Remove
			□Change
			□Add
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i effect <u>te:</u> If	e date, if other than the date of filing:
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	January og 2021.
	Signature of a member or authorized representative of a member