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TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
	GREEN SC	DLUTIONS WINDOWS AND	DOORS LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
Please feturn	an correspo	ndence concerning this matter	to the following:	
		Oscar F Planche		
			Name of Person	
		Green Solutions Windowa	and Doors LLC	
			Firm/Company	
		251 Palm Circle W apt 105	5	
			Address	
		Pembroke Pines, Fl 33025		
			City/State and Zip Code	
		oplanche@greensolutionsw		
			to be used for future annual report not	incation)
For further is	nformation c	oncerning this matter, please ca	all:	
Oscar F Planche		786 567-2436 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	rcheck for th	ne following amount:		
□ \$25,00 F	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 Status & Certified Copy tadditional copy is enclosed)
	iling Addres		Street Address:	
	gistration S vision of C	section orporations	Registration Se Division of Co	
). Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN SOLUTIONS WINDOWS AND DOORS 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 $\frac{11/24/2020}{2}$ and assigned Florida document number 1,20000371012 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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	Moraima Diaz	6957 NW 82nd Ave. Doral, FL 33166	■Add
			□Add
			TRemove
			Change
			TRemove
			□Change
			□Add
			TRemove
			□Change
			□Remove
			□Remove

			-	
		<u></u>		
				
				
				
ective date, if other than the date of filin	19:		(optional)	
ective date, if other than the date of filin reffective date is listed, the date must be specific an ter. If the date inserted in this block does not ument's effective date on the Department of	id cannot be prior to date meet the applicable st	of filing or more than 90 ututory filing requirem	days after filing.) Pursuant	to 605 020 be listed a
cord specifies a delayed effective date, but no s filed.	or an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th da	y after the
ed April 12	2022			

Typed or printed name of signee