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(Requestor's Name)
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PICK-UP WAIT MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2021

RYAN QUINN 1070 TECHNOLOGY DR. NORTH VENICE, FL 34275

SUBJECT: UNITY WINDOWS, LLC

Ref. Number: L21000014210

We have received your document for UNITY WINDOWS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00029760

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: ECO Window Suppose Name of Umin	Hems LLC ted Liability Company
The enclosed Articles of Amendment and fee(s) are subn Please return all correspondence concerning this matter to	
Ryan Quir	Name of Person
PGT Innov	ations, The Firm/Company
1070 Tech	nology Dr.
	City/State and Zip Code
E-mail address: (to	gtinnovations. Com The used for future annual report notification)
For further information concerning this matter, please cal	D:
Ryan Quinn Name of Person	at (941) 480 - 1600 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status (Neck + 225285	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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

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.

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MGR	Frank Mata	370 Tamiami Blvd	□Add
		Miami, FL 33144	Remove
			□Change
<u> </u>	Mark Buckis	8502 NW 80th St	XAdd
		Suite 103	□Remove
		Medley, FL 33166	□Change
	Brent Boydston	8502 NW 80th St	jXAdd
	,	Suite 103	□Remove
		Medley, FC 33166	□Change
		·	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change

ir ii aili	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	De Cember 7 2021. Signature of a member or authorized representative of a member
	Debbie Kapinska Typed or printed name of signee

Filing Fee: \$25.00