121000014210

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DIVISION OF CORPORATION

T. MATTHEWS APR 14 2022

COVER LETTER

TO: Registration S Division of Co			
	dows, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	-	
	Ryan Quinn		
		Name of Person	***
	PGT Innovations		
		Firm/Company	
	1070 Technology Dr		
		Address	
	Venice, FL 34275		
	rquinn@pgtinnovations.con	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please concerning	all:	
Ryan Quinn		941 480-1600 at ()	
Name	of Person	Area Code Dayti	me 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	ection

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT : TO FILED SECRETARY OF STAFE ARTICLES OF ORGANIZATION OF CORPORATIONS **OF** -22-MAR-31 AM 9: 44

Unity Windows, LLC

(A Flor	rida Limited Liab	ility Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number L21000014210	/ Company we	re filed on 2/2/200	14	and assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability	y company here:		
The new name must be distinguishable and contain the words "I.	imited Liability	Company," the design	nation "LLC" or the at	breviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET AD)	DRESS)		<u>.</u>	
	_	<u></u>		
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	_	.		
B. If amending the registered agent and/or registeragent and/or the new registered office address here		ress on our recoi	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida s	treet address	
_			, Florida	Ziv Code
	• 4	City		Zip Code
New Registered Agent's Signature, if changing Registe			1.C .d	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete pe l agent as pro ered office ad	rformance of my vided for in Chap	duties, and I am , oter 605, F.S. Or,	familiar with and if this document is

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
V	Mark Buckis	8502 NW 80th St	
		Suite 103	≣Remove
		Medley, FL 33166	Change
MGR	Kevin Huber	8502 NW 80th St	■Add
		Suite 103	□Remove
		Medley, FL 33166	
			□Add
			□Remove
			□Change
	<u></u>		
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove

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fective date, if other than the an effective date is listed, the date muote: If the date inserted in this becument's effective date on the E	st be specific and cannot be lock does not meet the a	applicable statutory fi	(optio more than 90 days after thing requirements, this	iling.) Pursuant to 605.0207
ecord specifies a delayed effectivistiled.	e date, but not an effec	tive time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after the
nted March 25	$\frac{2022}{}$	·		
MIRA	e My	voke.		
		alamain a lamana a santa t	in at a manhar	
	Signature of a member of	or authorized representat	ive of a member	

Filing Fee: \$25.00