

L210000048699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

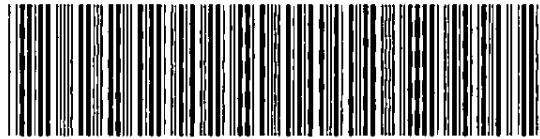
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12/01/23--01031--002 **90.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APS INSTALLATIONS SWFL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH A. BONILLA

Name of Person

HURRICANE WINDOW SPECIALISTS LLC

Firm/Company

20879 TORRE DEL LAGO ST

Address

ESTERO FL 33928

City/State and Zip Code

KELLY@HURRICANEWINDOWSPECIALISTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH A. BONILLA

239 628-5876
at ()

Name of Person

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 &
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**

APS INSTALLATIONS SWFL 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 01/26/2021 and assigned
Florida document number 121000048699.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HURRICANE WINDOW SPECIALISTS LLC

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:

20879 TORRE DEL LAGO ST

(Principal office address MUST BE A STREET ADDRESS)

ESTERO FL 33928

Enter new mailing address, if applicable:

20879 TORRE DEL LAGO ST

(Mailing address MAY BE A POST OFFICE BOX)

ESTERO FL 33928

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:

JOSEPH A. BONILLA

New Registered Office Address:

20879 TORRE DEL LAGO ST

Enter Florida street address

ESTERO

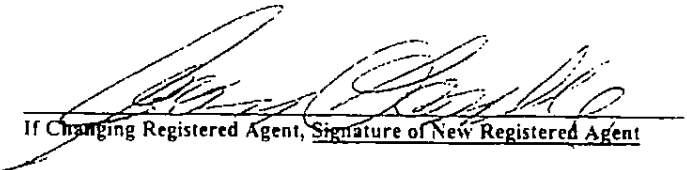
Florida 33928

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>	<u>Type of Action</u>
MGR	JOSEPH A. BONILLA	20879 TORRE DEL LAGO ST	<input checked="" type="checkbox"/> Add
		ESTERO FL 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KELLY A. BONILLA	20879 TORRE DEL LAGO ST	<input checked="" type="checkbox"/> Add
		ESTERO FL 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Convert the name of APS Installations SWFL LLC to Hurricane Window Specialists LLC.

As soon as we receive back the confirmation of name change we will follow the process of notifying the IRS of name change in order to retain EIN.

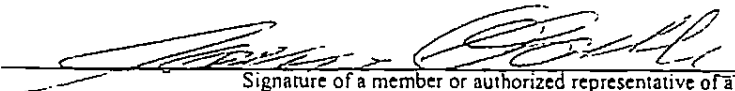
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 30 2023




Signature of a member or authorized representative of a member

JOSEPH A. BONILLA

Typed or printed name of signee

Filing Fee: \$25.00



Joseph A. Bonilla / Kelly A. Bonilla
20879 Torre Del Lago St
Estero FL 33928
239-628-5876
joe@hurricanewindowsspecialists.com

December 20, 2023

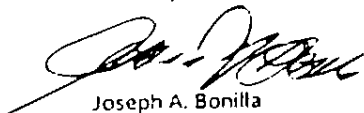
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Florida Department of State:

We are writing this letter to authorize the Department of State to use the name Hurricane Window Specialists LLC for the amendment filed to change the company name from APS Installations SWFL LLC to Hurricane Window Specialists LLC. Joseph A. Bonilla and Kelly A. Bonilla are/were the owners of both LLC's therefore we are giving ourselves permission to use the old name of Hurricane Window Specialists LLC to replace the name of APS Installations SWFL LLC. The dissolution was filed on 12/14/2023 for Hurricane Window Specialists LLC so that the Department of State could change the name on our behalf due to us owning both names. Please use this letter as permission to use the name Hurricane Window Specialists LLC.

If you should have any questions please call Joe at: 239-628-5876.

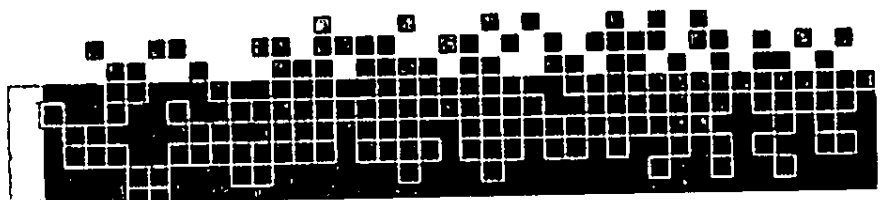
Sincerely,



Joseph A. Bonilla



Kelly A. Bonilla



NOTARY ACKNOWLEDGMENT

State of Florida

Lee County

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 20th day of December, 2023, by Jelly Bonilla who is ☒ personally known to me or who has ☐ produced Joseph Bonilla as identification.

[Signature]
Notary Public

Wendi Dahlman
(print name)



WENDI DAHLMAN
Notary Public
State of Florida
Comm# HH388587
Expires 7/27/2027