8/28/24, 3:27 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002891613)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COURTACCESS CENTERS, LLC

Account Number : 075350000541 Phone : (813)875-1333 Fax Number : (813)200-1050

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

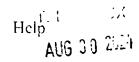
abdoorwindow@proton.me

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AB DOOR & WINDOW LLC

Certificate of Status	0
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Docusign Envelope ID: 631DAE5C-43E1-4CE5-838F-413F8AAC54D1

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

AB DOOR & WINDOW LL	C	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) cany)	
The Articles of Organization for this Limited Liability Company were filed o	on02/15/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	" the designation "LLC" or the a	bbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2 2
		: 24 A
Enter new mailing address, if applicable:		<u>8 n</u>
(Mailing address MAY BE A POST OFFICE BOX)	•	29
		<u> </u>
B. If amending the registered agent and/or registered office address on cagent and/or the new registered office address here:	our records, <u>enter the nan</u>	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
Ense	er Florida street address	
	, Florida	
Cìç:		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

Audit# H24000289161

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amanda Austin	4061 Hanover drive	🗀 Add
		New Port Richey, FL 34653	■Remove
			☐ Change
			□Add
			□Remove
			□Сhange
		□Add	
			□Remove
			Change
			□Add
			□Remove
			Change
		□Add	
			□Remove
			Change
			□Add
			□Remove
			☐ Change

From John Gurba

Audit# H24000289161

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he recor ord is fi	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 ed.
Dated	8/29/2024
	Signed by:
	Signature of a member or duthograph representative of a member
	Robert Howard
	Typed or printed name of signee

Filing Fee: \$25.00