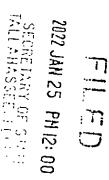
# LZ1000081711

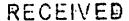
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	_	
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#### 2022 JAN 25 PM 1:44 FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FL

January 6, 2022

. 4

SONIA BECERRA 3 GREENWAY PLAZA HOUSTON, TX 77046 US

SUBJECT: DUAL ACTION WINDOWS LLC

Ref. Number: L21000081711

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WE WILL NEED A TYPED OR PRINTED NAME ON THE LAST PAGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 422A00000444

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT.	DUAL ACTION	WINDOWS LLC	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #13	20
		Address	
		Houston, TX 77046	20)  777-0450  Daytime Telephone Number  C Certificate of Status & Certified Copy (additional copy is enclosed)
		City/State and Zip Code	
	F 3 - 11 (	petr@appyours.cz	
For further information c	oncerning this matter, please c		epon nouncation)
Sonia B	ecerra	at ( <b>877</b> )	777-0450
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
<b>№</b> \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Ad Registra	
Division of C		Division	of Corporations
P.O. Box 632 Tallahassee, l			
i ananassee, i	L J4J14	4413 IN.	MORIOU BUCCL, BUILD OTO

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 JAN 25 PH 12 -
SECRETARY OF STATE FALLAHASSEE, FLORE

## DUAL ACTION WINDOWS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 02/17/2021 The Articles of Organization for this Limited Liability Company were filed on and assigned L21000081711 Florida document number \_ 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

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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	Emil Pechousek	1601-1 N Main St #3159	<b>X</b> (Add
		Jacksonville, FL 32206	□ Remove
	<del></del>	<u>.</u>	□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
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If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary:)	
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Note: If the date inserte	r than the date of filing:	05,0207 (3 sted as th
he record specifies a dela ord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated 11 25		
X	Signature of a member or authorized representative of a member	
	Petr Pechousek	
<del></del>	Typed or printed name of signee	

Filing Fee: \$25.00