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COVER LETTER

TO: Registration Se Division of Cor			
RJ WINDO	WS DOORS & MORE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RICHARD BAKER/OWN	ER	
		Name of Person	
	RI WINDOWS DOORS &	MORE LLC	
		Firm/Company	
	4423 LAKE TAHOE CIRC	CLE	
		Address	
	WEST PALM BEACH, FI	ORIDA 33409	
		City/State and Zip Code	
	rbaker4423@att.net	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co		
JANICE BAKER/OFFIC	E MANAGER	561 346-1509	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Fig. \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Section Corporations	Street Address: Registration Section of Corp	orations
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe Tallahassee, FL	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ HURRICANE SHUTTER & MORE LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000212140	were filed on 5/6/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RJ WINDOWS DOORS & MORE LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	4423 LAKE TAHOE CIRCLE	
Principal office address MUST BE A STREET ADDRESS	WEST PALM BEACH, FLORIDA 33409	20
Traces of the second of the se		五 三 2
Enter new mailing address, if applicable:	SAME AS ABOVE	20 .
Mailing address MAY BE A POST OFFICE BOX)		PH
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name o</u>	f the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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:

<u> Fitle</u>	Name	Address	Type of Action
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Note: If	date, if other than the dive date is listed, the date must be the date inserted in this bloc's effective date on the Dep.	e specific and c k does not me	ennot be prior to et the applicat	date of tiling of me	ore man yo days and	i ional) er filing.) Pursuant to iis date will not be	605.0207 (3) listed as the
	oecifies a delayed effective o	late, but not a	n effective tim	se, at 12:01 a.m. o	on the carlier of: ((b) The 90th day	after the
cord is filed.			2024				
	ARCH 19			<u>-</u> '			
Dated M	Su hour d	3 cilo		zed representative		aprimip i april se superiore section in the area.	 -

Filing Fee: \$25.00