

h21 000 257 947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

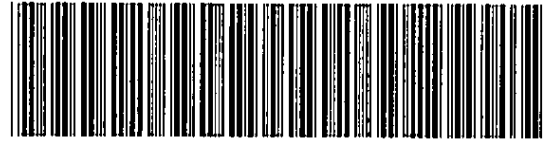
(Business Entity Name)

(Document Number)

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07/23/21--01020--003 \*\*25.00

2021 JUN 23 PM 2:48

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maury's Windows and Doors L.L.C.  
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:

William Maury Cabello  
Name of Person

Maury's Windows and Doors L.L.C.  
Firm/Company

16941 SW 301 Terrace  
Address

Homestead FL, 33030  
City/State and Zip Code

Williamismaury10@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Maury Cabello at ( 786 ) 226 6909  
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. 14th St., Tallahassee, FL 32310

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Maury's Windows and Doors L.L.C.

(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 06/03/2021 and assigned Florida document number L21000257947.

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 "L.L.C." 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:

William Maury Cabello

New Registered Office Address:

16941 SW 301 Terrace

Enter Florida street address

(The Address is the SAME)

Homestead

City

Florida

33030

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.

N/A

X 

If Changing Registered Agent, Signature of New Registered Agent

Note: The person is the same, he is just adding his 2nd last name (Cabello)

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>
AMBR	William Maury Cabello	16941 SW 301 Terrace Homestead <sup>FL</sup> 33030	<input checked="" type="checkbox"/> Add

\_\_\_\_\_  Remove

Please change name from William Maury to William Maury Cabello  Change

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

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\_\_\_\_\_  Change

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

Please remove the SR. (senior)  
abbreviation in front of  
William Maury Cabello.

Kindly,  
William Maury Cabello

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E. Effective date, if other than the date of filing: July 06/2021 (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)

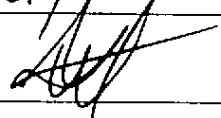
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

July 2<sup>nd</sup> 2021

x



Signature of a member or authorized representative of a member

William Maury Cabello

Typed or printed name of signee