L21000286407

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COVER LETTER

TO:

TO: Registration S Division of Co		,		*
Vargas E	steriors LLC Amendment			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Fernando Vargas			
		Name of Person		
	Vargas Exteriors LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	70	
	5600 Spectra Circle Apt. I	01	2023 MAR 28 PW 3: 03	-
		Address	7.28	1
	Fort Myers, FL, 33908		7. C P.	1
		City/State and Zip Code	Es a	ď
	fernando@vargasexteriors.		Pag 3	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	incation)	
Fernando Vargas		239 210-1293 at ()		
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fce	☐ \$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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vargas Exteriors LLC	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Compan (A Florida Limited L.	iy as it now appears on our records. iability Company))
The Articles of Organization for this Limited Liability Company v	were filed on 06/21/2021	and assigned
Florida document number 1.21000286407		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2023117
(Principal office address MUST BE A STREET ADDRESS)		
		22
		P III
Enter new mailing address, if applicable:		Ho w
(Mailing address MAY BE A POST OFFICE BOX)		-2 0
B. If amending the registered agent and/or registered office and agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	Address	Type of Action
MGR	Kiana Norman	5600 Spectra Circle, Apt. 101, Fort Myers, FL.	33908 ■ Add
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			☐ Change
			□Add
			□Remove
			EBIChange
***************************************			D Remove
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Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific an ck does not	nd cannot be p meet the ap	rior to date	of filing or i	nore than 90 ng requirem	(option of the control of the con	filing.)	Pursuan vill not	t to 605.020 be listed a
record specifies a delayed effective is filed.	date, but no	et an effectiv	e time, at	12:01 a,m.	on the earl	ier of: (b) The	90th d	ay after the
March 23		2023							
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ated		#							

Filing Fee: \$25.00