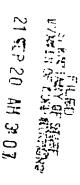
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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: VIIIQ	17 Window & Name of Limi	DOOF LLC ited Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Angel G. VIII	acis	
	Ü	Name of Person	
		Firm/Cempany	
	8230 Crescer	+ mande Address	
	NEW PORT RICH	City/State and Zip Code	
	Angayi 2246 E-mail address: (1	DICIOUS COM o be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	ill:	
Angel VIII	OC15 f Person	at (603) 2650 Area Code Daytim	o 6 5 3 e Telephone Number
Enclosed is a check for the	he following amount:		21 5
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (addition: al copy is enclosed)	\$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	rion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Villacia Windows & DONE ILC

(Name of the Limited Liability Compa (A Florida Limited i	riv as it now appears on our records.) Liability Company)	 _
The Articles of Organization for this Limited Liability Company Florida document number 12100384162.	were filed on <u>08 27 21</u>	_ 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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	8230 crescent moo	n de
(Principal office address MUST BE A STREET ADDRESS)	New Port Richay FL	34655
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8230 crescent m	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida	of the new registered
	City , Florida	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:		ব;

Thereby 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 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>	Type of Action
AP	Viviana Zapata	8.230 Crescent moonde	
		Dow Port eichey FL 3465	5 Decemore
			□Change
<u>MGP</u>	Angel Villacis	8130 Crescent moon d	<u>e</u> textod
		New Port Richay Fl 3	(655)Remove
			(TChange
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Effective date, if other than the date of filing: (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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
ne 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 ord is filed.
Dated Suptember 14. 2021.
Signature of a member or authorized representative of a member
Angel Villacis Typed or printed name of signee