

L21 000482175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

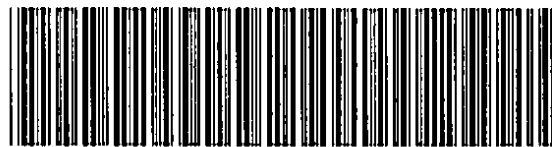
(Business Entity Name)

(Document Number)

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03/29/22--01004--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUN - 2 PM 4:54

T. MATTHEWS

JUN 27 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2022

AMELIA CRUZ
33 PLUMAGE LN
WEST PALM BEACH, FL 33415

SUBJECT: TRANSPARENT WINDOWS AND DOORS LLC
Ref. Number: L21000482175

We have received your document for TRANSPARENT WINDOWS AND DOORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tekayla T Matthews
OPS

Letter Number: 222A00008235

TO: Registration Section
Division of Corporations

SUBJECT: Transparent Windows and Doors, LLC
Name of Limited Liability Company

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2022 JUN -2 AM 7:29

SECRET
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amelia Cruz
Name of Person

Transparent Windows and Doors LLC
Firm/Company

33 Plumage Ln
Address

WPB, FL 33415
City/State and Zip Code

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

For further information concerning this matter, please call:

Amelia Cruz at 506-4048
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. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Transparent Windows and 22 JUN 18 PM 4:54

(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 11-08-2021 and assigned
Florida document number L21000482175

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:

Amelia Cruz

New Registered Office Address:

33 Plumage Ln

Enter Florida street address

WPRB,

City

Florida

33415

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.

Amelia Cruz

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

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DIVISION OF CORPORATIONS

22 JUN -2 PM 4:54

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Amelia Cruz Cruz, Ameloa	33 Plumage Ln WPB, FL 33415	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	Cruz, Jesus M.	33 Plumage Ln WPB, FL 33415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EIN: 87-4076030

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DIVISION OF CORPORATIONS

22 JUN -2 PM 4:54

E. Effective date, if other than the date of filing: 2-28-22 (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 3-01-2022



Signature of a member or authorized representative of a member

Jesus M. Cruz

Typed or printed name of signee