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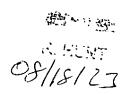
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DIVISION OF CORPORATION



COVER LETTER

| TO: Registration So Division of Co | | eren er | | |
|---------------------------------------|--|---|--|----------------------|
| | ACT WINDOWS LLC | | • | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Lisbet Herrera | | | |
| | | Name of Person | | |
| | L&A IMPACT WINDOW | S LLC | | |
| | | Firm/Company | | <u>~</u> 2 |
| | 4170 Foss Rd | | | 2023 AUG 18 PM 12: 4 |
| | | Address | | <u> </u> |
| | Lake Worth Fl. 33461 | | | 8 P |
| | | City/State and Zip Code | | PM 12: 40 |
| | laimpactwindows@gmail.co | | | : - [|
| For further information of | E-mail address: (concerning this matter, please ca | to be used for future annual report notifull: | ication) | . |
| NIA | | at () | : Telephone Number | |
| Name o | of Person | Area Code Daytime | : Telephone Number | |
| Enclosed is a check for t | he 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) | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | etion | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| L&A IMPACT WINDOWS 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 | were filed on 02/23/2022 | and assigned |
| Florida document number L22000087298 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| ALA | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4170 Foss Rd | |
| (Principal office address MUST BE A STREET ADDRESS) | Lake Worth FL 33461 | 2023 A |
| | | 2873 AUG |
| | | 6 4 65 m |
| Enter new mailing address, if applicable: | 4170 Foss Rd | ထ ငွဲမြို့ |
| (Mailing address MAY BE A POST OFFICE BOX) | Lake Worth FL 33461 | P 1968 |
| manny marcas mir burn our or results | | 2:1 |
| | | 0 |
| 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 na</u> | ame of the new registered |
| Name of New Registered Agent: N/A | | |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | , 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|-------------------|---------------------|--|
| MGR | Alejandro Granado | 5681 Priscilla Ln | [JAdd |
| | | Lake Worth FL 33463 | Remove |
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| | | thorized representative | | |

Filing Fee: \$25.00