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(Requestor's Name)
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10/18/24--01015--020 **25.00

COVER LETTER

TO: Registration Section

Division of Cor	porations		
ON ID ADOTT		IDOWS & ED L.L.C	
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:	
		RODELSY GALINDO	
		Name of Person	
		Firm/Company	
		1124 HOLLY ST	
		Address	
		EUSTIS, FL 32726 City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
GINELLA	OBANDO	at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres</u> Registration (<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & G WINDOWS & ED L.L.C		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	-
The Articles of Organization for this Limited Liability Company were filed on	04/11/2022	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company her	<u>·e</u> :	
G & G WINDOWS & ED GRANITE L.L.C		~ r*
he new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	cords, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address: Enter Florid	da street address	
	, Florida	
		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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			_ □Change

i amenumg	any other mior mation, enter	r change(s) here: (Attach additional sheets, if necessary.)
-		
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inte: If the	te, if other than the date of fillate is listed, the date must be specific date inserted in this block does nuffective date on the Department	illing:
record spec I is filed.	ifies a delayed effective date, but	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	SEPTEMBER 24	
		RODELSY GALINDO
_	Signature	of a member or muthorizente fielewave of a member
		RODELSY GALINDO
_		Typed or printed name of signee