

h22000276169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

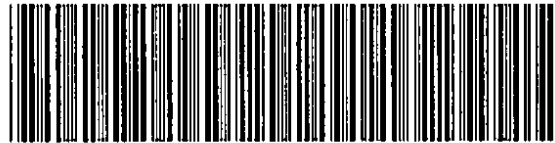
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FILED
CLERK OF COURT
2022 JUL 12 AM 11:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Window Mechanix LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Colette Perry

Name of Person

Accounting Plus Inc

Firm/Company

362 Riola Pl

Address

Pensacola, FL 32506

City/State and Zip Code

cperry@accountingplusservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colette Perry

850

291-7607

at ()

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Window Mechanix LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
DIVISION OF CORPORATE & CHARTERED BUSINESSES
2022 JUL 12 AM 11:27

The Articles of Organization for this Limited Liability Company were filed on 6/16/2022 and assigned
Florida document number L22000276168.

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

The Florida Window Mechanix LLC

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

3. 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:

New Registered Office Address:

Enter Florida street address

_____, 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

[illegible]

2022 JUL 12 AM 11: 27


2022 JUL 12 AM 11:27

THE
SECRETARY OF STATE
DIVISION OF INFORMATION

(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)

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 June 27th 2022

June 27th		2022
		
Signature of a member or authorized representative		

Signature of a member or authorized representative of a member

Richard Kuran

Typed or printed name of signee