

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H240004104953ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 Fax Number : (407)449-2348

MED ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

DEFANING OF STATION OF

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C.L.B.A WINDOWS & SLIDERS LLC

 Certificate of Status
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 Estimated Charge
 \$25.00

Electronic Filing Menu

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Help

COVER LETTER

	istration Sec sion of Corp					
CURTECE	C.L.B.A W	INDOWS & SLIDERS LLC				
SUBJECT:		Name of Lin	NDOWS & SLIDERS LLC Name of Limited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		CLAUDIA LIMA				
			Name of Person			
		CLAUDIA LIMA TAX &	ACCOUNTING LLC			
			Firm/Company			
		9100 CONROY WINDER	MERE RD STE 200 OFFIC	E 241		
			City/State and Zip Code			
		INFO@CLAUDIALIMAT				
		E-mail address: (to be used for future annual repo	ort notification)		
For further in	formation co	oncerning this matter, please c	all:			
CLAUDIA L	JMA		407 55279	03		
	Name of	Person	Area Code I	Daytime Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$ 25,00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &		
Mailing Address: Registration Section		<u>Street Addr</u> Registratio	n Section			
Division of Corporations			Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.L.B.A WINDOWS & SLIDERS LL	С	
(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number 1.22000384775		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	11.
B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office address on our records, nere:	
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 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
AMBR	JAMES H PISSETTI	8755 IRON MOUNTAIN TRAIL.	□ Add
		WINDERMERE, FL 34786	■ Remove
		augus	□Change
			□Add
			□Remove
			□Remove
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Laurent Andreada Phas 13 1211 1212 (SSZ)	as		-	
Signature of a member or authorized representative of a member	Leandro Andrade (Dec 13, 2024 13:37 EST) Signal	Tire of a member or authoric	zed representative of a memb	er
dignature of a memori of authornica representative of a memori	Signa	are or a memoer or authorn	nea representative of a monte	
LEANDRO PIRES DE ANDRADE Typed or printed name of signee	LEANDRO PIRES DE ANDI			

Filing Fee: \$25.00