<u>Laa000503203</u>

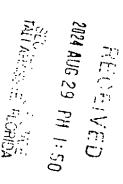
((Requestor's Name)			
	Address)			
	Address)			
	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
J. HORNE AUG 3 U ZUZ4				





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FILED 2024 AUG 29 AH 9: 08



· FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/29/2024

NAME: WINDOWMAN 352 LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co				
WINDOW	/MAN 352 LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The analog of Assistance	5 A d d(-)			
	Amendment and fee(s) are sub	_		
Please return all correspondence	ondence concerning this matter	to the following:		
	AMBER FISH			
		Name of Person		
	WINDOWMAN 352 LLC			
	Firm/Company			
	6410 NE 25TH AVE			
		Address		
	OCALA, FL 34479			
		City/State and Zip Code		
	AMBER@WINDOWMA		· 	
Car Carlanda (a Carrada)		to be used for future annual report no	uffication)	
For further information of	concerning this matter, please o	ali:		
AMBER FISH		352 895-4100 at ()		
Name of Person		Area Code Daytii	me 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)	
Mailing Address: Registration Section		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 AUG 29 AM 9: (

WINDOWMAN 352 LLC

(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 I Florida document number <u>L22000503203</u>	Liability Company v	were filed on DECEMBE	R 2, 2022 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	ddress on our records, g	enter the name of the new registered
Name of New Registered Agent:	AMBER FISH		
New Registered Office Address:	6410 NE 25TH .	AVE Enter Florida street i	address
	OCALA	Tanti Troi Red 30 CC11	Florida _34479
		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>	<u>Name</u>	Address	Type of Action
AMBR	AMBER FISH	6410 NE 25TH AVE	≘ Add
		OCALA, FL 34479	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (Optional) (Or an effective date is listed, the date must be specific and among be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: if the date inserted in this block does not ment the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. 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 ord is filed. Dated August 27 2024 Signature Via approper or authorized representative of a member BRENT FISH		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. 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 ord is filed. Dated August 27 2024 Signature of a member or authorized representative of a member		
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<i>C</i>	Dated August 2	7 2024
<i>.</i>		
<i>C</i>		Sml Vil
BRENT FISH	·	Signature of a member or authorized representative of a member
	BRE	NT FISH

Filing Fee: \$25.00

COVER LETTER

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70: Registration S Division of Co				
WINDOW SUBJECT:	'MAN 352 LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all corresp	ondence concerning this matter	to the following:		
	AMBER FISH			
		Name of Person		
	WINDOWMAN 352 LLC			
	Firm/Company			
	6410 NE 25TH AVE			
		Address	 -	
	OCALA, FL 34479			
		City/State and Zip Code		
	AMBER@WINDOWMAN			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)	
AMBER FISH		352 895-4100		
Name of Person		at () Area Code Dayti	me 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)	
Mailing Addre Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303