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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OLF Windows & Doors 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:
Fritzney Estelhomme Name of Person
08F windows 1000rs Firm/Company
2220 North Cypress Road.
Pompano Bch, FL 33060 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fritzney Estelbonne at (954) 432-6197 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sectificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	 -
The Articles of Organization for this Limited Liability Compan	y were filed on	01/04/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>.</u> ē:	
O & F SolutionS L.L. (The new name must be distinguishable and contain the words "Limited Liab	C. bility Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	-		
			<u> </u>
Enter new mailing address, if applicable:	11/1		8
(Mailing address MAY BE A POST OFFICE BOX)			07
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	da street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	·		ing cour
	_		

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

Title	<u>Name</u>	Address	Type of Action
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		***	□Remove
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an effective date is list lote: If the date inse	her than the date of ted, the date must be spec certed in this block does date on the Departme	ific and cannot be s s not meet the ap	plicable statute			ng.) Pursuant to 6	
record specifies a de l is filed.	elayed effective date, b	out not an effecti	ve time, at 12:0)1 a.m. on the ea	rlier of: (b)	The 90th day a	fter the
ared Octob	ser 11th	, _ao	23_				
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	Signayo	re of a member or	authorized repre	sentative of a men	nber		