L23000156649

(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:
-

Office Use Only



700415644707

16.1.720--01014--606 ••25.66

SECRETARY OF STATE OF CORPORATION

US



October 21, 2023

SORAYA MEIRA 7802 KINGSPOINPE PKWY STE 203 ORLANDO, FL 32819

SUBJECT: AJ WINDOWS & DOORS LLC

Ref. Number: L23000156649

We have received your document for AJ WINDOWS & DOORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 123A00024518

<u>23نے را ۱۰۰</u>

COVER LETTER

Division of Cor	rporations			
AJ WINDO	OWS & DOORS LLC			
Name of Limited Liability Company				
The analogy of Amiol so of	Amonday we and for a mount	ancies and all an efficiency		
	Amendment and fee(s) are sub	·		
Please return all correspo	ondence concerning this matter	to the following:		
	SORAYA MEIRA			20 ′
	Name of Person			SEC VISIO
	BELLA FLORIDA CONSULTING LLC			SECRETATION OF TOUR SECRET
	Firm Company			CORY
	7802 KINGSPOINPE PKWY STE 203			PH 4:
		Address	.	
	ORLANDO, FL 32819			<i></i>
		City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	concerning this matter, please c			
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy radditional copy is a	atus &

Mailing Address:

Registration Section

TO:

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

AJ WINDOWS & DOORS LLC

(<u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on our record ida Limited Liability Company)	<u>ls.</u>)	
The Articles of Organization for this Limited Liability Florida document number 1.23000156649	Company were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
AJTRANSPORTERS LLC AT EXP	ORESS PROLLC		
The new name must be distinguishable and contain the words	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		200	
(Principal office address MUST BE A STREET ADI	DRESS)	SECTION AND A SE	
		<u> </u>	
		- CORE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addres	75	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, an agent as provided for in Chapter 605, pred office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is	

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
			□Remove
			□Change
			AddDIVISE
			SECRETARY OF STATE SECRETARY OF STATE AND DEC - LOPPH LE 13
			PH LAI 3
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			-
			-
			□Change

				-
			-	
	_			
		·		
				
				
				023
				DEC DEC
				1 + S
				<u></u> ;
				
fective date, if other than the dat	e of filing:		(op	tional)
m effective date is listed, the date must be softer. If the date inserted in this block is			r more than 90 days af	ter filing.) Pursuant to 605.0
cument's effective date on the Depart				
ecord specifies a delayed effective dat is filed.	e, but not an effective t	ime, at 12:01 a.m	n, on the earlier of:	(b) The 90th day after
OCTOBER 05TH	2023			
OCTOBER 05TH MAMPU BA7 Sign	,			
UMAMPU BAT	ISTA DE AL	MEI DA 1	R:	
	and the contract of the contra			

Filing Fee: \$25.00