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	egistration Se ivis <mark>ion</mark> of Cor			
SHID IFOT		AND DOOR SPECIALTIES (OF CENTRAL FLORIDA	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		ANTHONY DEROSA		
			Name of Person	
		WINDOW AND DOOR S	PECIALTIES OF CENTRAL FLOI	RIDA LLC
			Firm/Company	·
		2961 MELETO BLVD		
			Address	
		NEW SMYRNA BEACH.	, FL 32168	
			City/State and Zip Code	
		-	ND DOORSPECIALTIES.COM	
		E-mail address: (to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please c	all:	
ANTHON	Y DEROSA		845 494-5265 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R	Jailing Addres egistration Solvision of C	Section	Street Address: Registration Sec Division of Corp	
P	.O. Box 632	7	The Centre of Ta	allahassee
Т	allahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINDOW AND DOOR SPECIALTIES OF CENTRAL FLORIDA 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 Liability Company were filed on $\frac{04/17/2023}{1}$ and assigned Florida document number ____L23000187141 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Addie Mae's Place, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2961 MELETO BLVD Enter new principal offices address, if applicable: NEW SMYRNA BEACH FL 32168 (Principal office address MUST BE A STREET ADDRESS) 2961 MELETO BLVD Enter new mailing address, if applicable: NEW SMYRNA BEACH FL 32168 (Mailing address MAY BE A POST OFFICE BOX) B. 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

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.

City

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
			□Add
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If an eff Note:	ive date, if other than the date of filing: (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	d 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
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Filing Fee: \$25.00