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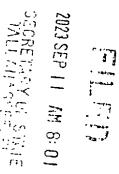
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

MATE GR SUBJECT:	OUP WINDOWS & DOORS	INC		
SUBJECT:	Name of Lin	nited Liability Company	 _	
	Amendment and fee(s) are sub	C		
·	MARCELO E GONZALE	Ü		
		Name of Person		
	MATE GROUP WINDOW	WS & DOORS INC		
		Firm/Company		
	708 SUNNY PINE WAY	APT DI		
		Address		
	GREENACRES, FL 3341:	5	s z	į
		City/State and Zip Code	SECRETARY SECRETARY	; -
				;
For further information c	e-mail address: (to be used for future annual report notif	19 € 79 €	
		at ()		
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne 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 of Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Sec	tion	
Division of C	orporations	Division of Corp	porations	
P.O. Box 632	7	The Centre of Ta	allahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATE GROUP WINDOWS

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 07/26/2023 and a

(A Florida Lin	nited Liability Company)	_
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>07/26/2023</u>	and assigned
Florida document number L23000379271		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		202 SEI
(Mailing address MAY BE A POST OFFICE BOX)		REP P
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
		rida
	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	DIEGO O ECHANDI	3474 SE JAKE CT APT 168	□ Add
		STUART, FL 34994	\exists Remove
			□ Change
AMBR	MARCELO E GONZALEZ	708 SUNNY PINE WAY APT DI	
		GREENACRES, FL 33415	□Remove
			Change
			□Add
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			SECONE I
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<u>ote:</u> 11 tn	ie date inserted	than the date of the date must be specific this block does on the Departm	es not me	et the applic	cable statuto	ng or more the	(op in 90 days af tirements, t	tional) ter filing.) P his date wi	urşuant t ill not b	o 605.020 e list ed a
record spe is filed.	ecifies a delaye	d effective date,	but not a	n effective t	ime, at 12:0	l a.m. on the	carlier of:	(b) The S	90th day	after the
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