## L2300039583/

(Requestor's Name)	
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(Business Entity Name)	
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## **COVER LETTER**

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SUBJECT:		indows & Doors Install LLC		
SOBJECT.			nited Liability Company	···
The enclosed	Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Maykel Femenias Reyes		
			Name of Person	
		F Reyes Windows & Door	rs Install LLC	
			Firm/Company	
		4669 Martha Louise Dr		14.0
			Address	
		West Palm Beach, FL 334	17	• • • • • • • • • • • • • • • • • • • •
			City/State and Zip Code	
		drreyes0310@gmail.com		dification)
			to be used for future annual report no	tification)
For further inf	ormation co	oncerning this matter, please co	all:	
Maykel Feme	nias Reyes		561 635-8128 at ( )	
Name of Person			me Telephone Number	
Enclosed is a c	check for th	e following amount:		
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Regi Divi P.O.	ng Address stration S sion of Co Box 6327 nhassee, F	ection orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F Reves Windows & Doors Install 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 08/22/2023 and assigned Florida document number L23000395831 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Femenias RM Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

## 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>	Name	Address	Type of Action
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cord specifies a delayed eff s filed.	fective date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 9	90th day after t
July 25 ed	. 2024				
Alluies	Signature of a member or at				