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COVER LETTER

TO: Registration Solution of Con			Ť
	INDOW SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MARCO A LEYVA LAF	FITA ·	
		Name of Person	
		Firm/Company	
	12308 YARDLEY CT		
	SPRING HILL, FL 34609	Addr e ss	
	·	City/State and Zip Code	
	leivamarco049@gmail.com E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
MARCO A LEYVA LA	FFITA	813 730-2465 at ()	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he 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 & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	rl 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ì.	EYVA	WIND	now	SERV	ICES I	HC

(Name of the Limited L (A F	iability Company s lorida Limited Liab	as it now appears on our records ility Company)	.)		
The Articles of Organization for this Limited Liabil Florida document number L24000039983	lity Company we	re filed on 01/20/2024		and as	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability	company here:			
he new name must be distinguishable and contain the words	"Limited Liability (Company," the designation "LLC"	or the abb	reviation "L	.L.C."
Enter new principal offices address, if applicable	1'	700 MINDANAO DR APT 100	07 ∀ .,	202	
Principal office address MUST BE A STREET A		ACKSONVILLE, FL 32246	L AIL	<u> </u>	- 73
nter new mailing address, if applicable:		700 MINDANAO DR APT 100)7 - 1	9 A	
Mailing address MAY BE A POST OFFICE BOX	$\bar{\Omega}$ $\bar{\Omega}$	ACKSONVILLE, FL 32246	35 A	9: 14	·
. If amending the registered agent and/or registered agent and/or the new registered office address he	tered office addr ere:	ress on our records, <u>enter th</u>	<u>ie name</u>	of the nev	v regi:
Name of New Registered Agent:			_	- · · · · - ·	<u>-</u> _
New Registered Office Address: 17	700 MINDANAO				
		Enter Florida street address			-
J.A	ACKSONVILLE	, Flor	ida <u>3224</u>	6	
		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
MGR	MARCO A LEYVA LAFFITA	1700 MINDANAO DR APT 1007	□Add
		JACKSONVILLE, FL 32246	□Remove
			Change
MGR FELIX SANG	FELIX SANCHEZ MARTINEZ	3952 ATLANTIC BLVD APT J3	= Add
		JACKSONVILLE, FL 32207	□ Remove
			□Change
			□Add
			□Remove
			
			□Add
		,	□Remove
			□Add
		□Remove	
			□ Change
			□Add
			□Remove
			□ Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u></u>	
	
 	
	
(If an effective of Note: If the	date, if other than the date of filing:
he record spec ord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY	2024
_	Signature of a member or authorized representative of a member
<u> </u>	1ARCO A LEYVA LAFFITA Typed or printed name of signee

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