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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
ULTRAS V SUBJECT:	VINDOWS AND DOORS LE	μ. Λο			
SOBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOSE J. GARZON				
		Name of Person	· -		
	ULTRAS WINDOWS AN	D DOORS LLC		<i>ω</i> №	
		Firm/Company		DZ4.F	4 194 78
	6502 SW 128th PL			2024 HAR 12 SECKETAR TALLAS	1- 812 - 1822
		Address		\$20 2	: (**)
	MIAMI, FLORIDA. 3318.	3		12 PM 1:51	- jumpi
		City/State and Zip Code		P 55	
	ultraswindows@gmail.com		 	rvi —	
Var further information o	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)		
JOSE J. GARZON	oncerning this matter, prease e	786 7730027			
	f Person	at ()	Telephone Number		
Name o	i i cison	Mea Code Dayonic	retephone syumber		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres Registration 9 Division of C	Section	Street Address: Registration Sec Division of Corp	porations		
P.O. Box 632	27	The Centre of T	allahassee		١.

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTRAS WINDOWS AND DOORS 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 $\frac{01/25/2024}{1}$ 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 :4-1 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.

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

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>	<u>Address</u>	Type of Action
MGR	JOSE J. GARZON	6502 SW 128th PL MIAMI, FL. 33183	■Add
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ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior	to date of filing or more t	han 90 days after filing	.) Pursuant to 605,020
ocument's effective date on the De	partment of State's records.	more statutory trinig to	900.000	
record specifies a delayed effective is filed.	date, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) Th	ne 90th day after the
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Filing Fee: \$25.00