## 240000 809 29

(Requ	estor's Name)	
(Addre	ess)	<del></del>
(10.11	,	
(Addre	955)	
(City/S	State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)	<del></del>
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



400424436024

04/08/24--01015--007 +\*25.00

PR-8 PK 1:35



## **COVER LETTER**

TO: Registration Section
Division of Corporations

ARG WINDOWS USA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ADRIEL RODRIGUEZ Name of Person ARG WINDOWS USA LLC Firm/Company 12850 W STATE RD 84 LOT 9-10 Address City/State and Zip Code DAVIE FL 33325 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) sany)
The Articles of Organization for this Limited L Florida document number L24000080929	iability Company were filed o	on <u>02/14/2024</u> and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	of the limited liability compar	ny 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 applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		\$E. 2621
(Mailing address MAY BE A POST OFFICE	BOX)	THE APPLICATION OF THE PROPERTY OF THE PROPERT
B. If amending the registered agent and/or:	registered office address on o	our records, enter the name of the new register.
agent and/or the new registered office addre		FILE SE
Name of New Registered Agent:	ADRIEL RODRIGUEZ	
New Registered Office Address:	12850 W STATE RD 84 LO	OT 9-10
	Ente	er Florida street address
	DAVIE	, Florida FLORIDA  Zip Code
	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	ADRIEL RODRIGUEZ	12850 W STATE RD 84 LOT 9-10DAVIE FL 3332	5 <b>■</b> Add
			□Remove
			□Change
		_	□Add
		<del></del>	□Remove
			□Change
		SECRETA	
			ो □Ghange ज
		_	□ Add
			□Remove
		<del></del>	□Change
		_	□Add
			□Remove
			DChange
			□Add
			□Remove
			□ Change

15 the same of	conerneeds
to be add a	2
Autho	rized Person
	<u> </u>
	024 APR -8 ECRETAR TALLAH
	**************************************
	<u> </u>
effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to d  If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 6 e statutory filing requirements, this date will not be 1
ord specifies a delayed effective date, but not an effective time, filed.	at 12:01 a.m. on the earlier of: (b) The 90th day a
d <u>04/02/2024</u> ,,	

ETT E CAFAO