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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	
	9-12-	-24





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ľO:	Registration Section
	Division of Corporations

Tallahassee, FL 32314

FLORIDA	WINDOWS AND DOORS LI	,C	
SUBJECT:	Name of the	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	DYLAN M CARRASCO		دے
	-8+8	Name of Person	
	FLORIDA WINDOWS A	ND DOORS LLC	MULSEP 12 PM 3: 39 SECRETARY Craips
	1	Firm/Company	77.72
	6060 COLLIER BLVD SU	ULE 121	PH 3
		Address	200
	NAPLES, FL 34114		, ju:
		City/State and Zip Code	
	dcarrasco1600@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please c	all:	
Dylan M Carrasco		305 803-2950 at ()	
Name o	f Person	at () 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 & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2024

DYLAN CARRASCO 6060 COLLIER BLVD SUITE 121 NAPLES, FL 34114

SUBJECT: FLORIDA WINDOWS AND DOORS LLC

Ref. Number: L24000108668



We have received your document for FLORIDA WINDOWS AND DOORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 624A00012492

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA WINDOWS	AND DOORS LL	(,	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appear lability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Company L24000108668	were filed on	03/04/2024	and assigned
Lis amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company ho	ere:	
ELITE WINDOW AND DOOR SOLUTION:	STLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
		•	~
Enter new mailing address, if applicable:			024 024
(Mailing address MAY BE A POST OFFICE BOX)			ARE SEP
		· · · · · · · · · · · · · · · · · · ·	22 2
			3 TO 10
G. If amending the registered agent and/or registered office a	ddress on our r	ecords, enter the	name of the new register
ent and/or the new registered office address here:		contain <u>contain</u>	مري المجارية
			-14 39 -14 39
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		121 .	I.
	City	, Floric	Ja 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□Remove
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Effective date	e, if other than the date to te is listed, the date must be spe	of filing:	-		(option:	al)	
Note: If the d	ate inserted in this block doc	es not meet the app	plicable statute	ing or more than 90 ory filing require	) days after fili ments, this di	ng.) Pursuan ate will not	it to 605,020 be listed as
document s er	fective date on the Departmo	ent of State's reco	RIS,				
e record specif rd is filed.	ies a delayed effective date,	but not an effectiv	e time, at 12:0	04 a.m. on the ca	fier of: (b)	The 90th d	ay after the
Dated	September 9	2024		//			
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