

LZ4000110509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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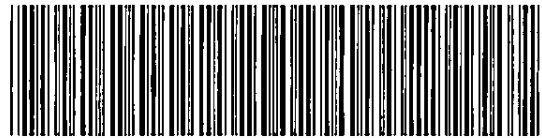
(Business Entity Name)

(Document Number)

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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONALS IN WINDOWS AND DOORS USA, LLC

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:

CARRASCO ALVAREZ, LOREILIS L

Name of Person

MGR

Firm/Company

1428 DORADO DR APT A

Address

KISSIMMEE, FL 34741

City/State and Zip Code

LUCIAJESUSFER10@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MOISES GOMEZ PARADA

689

2788948

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

2024.10.25 Fri 6:00
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code:

If Changing Registered Agent, Signature of New Registered Agent

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|--|--|
| MGR | CARRASCO ALVAREZ, LORELI | 1428 DORADO DR APT A KISSIMMEE, FL 34741 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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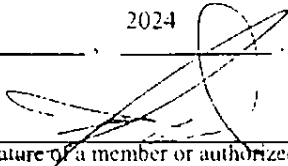
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Blank lines for amending information.

E. Effective date, if other than the date of filing: 11/19/2024 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER, 2024



Signature of a member or authorized representative of a member

CARRASCO ALVAREZ, LOREILIS L.

Typed or printed name of signee

2024 NOV 25 11:06:59