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COVER LETTER

TO: Registration Section

Division of Corporations

PROFES 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: 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 Name of Person Area Code Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee						
Please return all corres	pondence concerning this matter	to the following:				
	CARRASCO ALVAREZ	LOREILIS L				
		Name of Person	on Code			
	MGR	MGR				
		Firm/Company				
	1428 DORADO DR APT	A	ability Company I for filing. following: EILIS L Name of Person Firm/Company Address //State and Zip Code L.COM sed for future annual report notification) at (
	 -	Address				
	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. 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) formation concerning this matter, please call: SES GOMEZ PARADA Name of Person Area Code Daytine Telephone Number check for the following amount: ling Fee Certificate of Status Certified Copy (additional copy is enclosed) Registration Section Street Address: Street Address: Registration Section Division of Corporations Box 6327 The Centre of Tallahassee					
	City/State and Zip Code					
						
		•	ulication)			
For further information	concerning this matter, please c	all:				
DAVID MOISES GO	MEZ PARADA					
Name	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:	•				
■ \$25.00 Fiting Fee	-	Certified Copy	Certificate of Status & Certified Copy			
Registration Division of P.O. Box 63	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Tallahassee			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PROFESSIONALS IN WINDOWS AND DOORS USA, 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 $\frac{02/28/2024}{}$ and assigned Florida document number L24000110509 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 "L.L.C." 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 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	CARRASCO ALVAREZ, LOREII	1428 DORADO DR APT A KISSIMMEE, FL 34741	_ □Add
			_ = Remove
			_ □Change
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If amending any other inform	ation, enter cl	nange(s) hero	e: (Attach ad	ditional sheet	s, if necessar	y:.)	
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Effective date, if other than th	e date of filing	11/19/2024			(optional))	
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e record specifies a delayed effecti rd is filed.	ve date, but not	an effective ti	me, at 12:01 a	.m. on the earl	ier of: (b) T	he 90th da	y after the
NOVEMBER		2024	1				20%
Dated	,	2024	<u>X</u> .				2024 1-
	C:		}				
	Signature of a r	nember or author	rized represent	ative of a memb	er		Di
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CARRASCO ALVAR	EZ, LOREILIS	L				_	ن

Typed or printed name of signee