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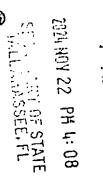
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Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	, (
SUBJECT: La Fe	Windoors 22011 Name of Limited Liability Company
	Name of Edition Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
	Jose La Le Benifez
	Firm/Company
30	041 Delmora Point Cir
	tampa PL 33615 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning thi	s matter, please call:
Jose La Fe Bu	at (813) 706-2345 Area Code Daytime Telephone Number
Enclosed is a check for the following	amount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8107, Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Fe Windners 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 <u>07/32/3034</u> and assigned Florida document number <u>424000322865</u>	
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) April 1732 Gampa #C. 33635.	
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, <u>enter the name of the new regist</u> agent and/or the new registered office address here:	 lered
Name of New Registered Agent:	_
New Registered Office Address: Enter Florida street address	_
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 furthe degree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I amfañilian with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this decument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited litibility 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
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