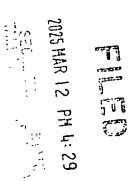


(Requestor's Name)
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Frank

## **COVER LETTER**

TO: Registration S Division of Co			
	Windows & Doors LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	_	
	Andy Stanczak		
		Name of Person	
		Firm/Company	
	4661 3rd Ave NW	FineCompany	2025 HAR 12
		Address	
	Naples, FL 34119		PH 4: 29
	andy@weislle.com	City/State and Zip Code	. 29
	· <del>-</del>	to be used for future annual report notific	••
For further information	concerning this matter, please c	all:	
Andy Stanczak		847 436-5826 at ()	
Name (	of Person	Area Code Daytime 1	Telephone Number
Enclosed is a check for t	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)
<u>Mailling Addre</u> Registration		Street Address:  Registration Section	on.
Division of (		Registration Secti Division of Corpo	
P.O. Box 632		The Centre of Tal	
Tallahassee.	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Euro Tech Windows & Doors LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our inted Liability Company)	records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/27/2024		and ass	igned
Florida document number L24000530890				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
EuroTech Windows, LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbrevi	ation "L.	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES.	<u> </u>			
		<u> </u>	2025	
			, S	erana)
Enter new mailing address, if applicable:		:	HAR	
• • • •	*****		2	9
Mailing address MAY BE A POST OFFICE BOX)		r	PH	ų ù j
				4 ************************************
3. If amending the registered agent and/or registered of	fice address on our records	Inter the name of	the mov	v register
gent and/or the new registered office address here:	ace address on our records,	there are manie or	·u <u>c</u> at v	V ICEISTEI
·				
Name of New Registered Agent:		· · · •		
New Registered Office Address:				
	Enter Florida street	address		
		, Florida		
	City		ip 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>	<u>Address</u>	Type of Action
MGR	LUKASZ JANUSZ	304 NASON LN NAPLES FL 34112	≅Add
			□Remove
		<del></del>	□ Remove
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be pote: If the date inserted in this block does not meet the apocument's effective date on the Department of State's reco	oplicable statutor	ng or more than 90 days a		
record specifies a delayed effective date, but not an effective is filed.	ve time, at 12:01	a.m. on the earlier of	(b) The 90t	h day after th
JANUARY 31 2025	7			
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Filing Fee: \$25.00