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COVER LETTER

Div	ision of Corpe	orations			
SUBJECT:		ws Solutions LLC			
		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	dence concerning this matter t	o the following:		
		Eric W Butler			
			Name of Person		
		AOA Windows Solutions L	.LC		
Firm/Company					· <u> </u>
		16601 Ashwood Drive			
			Address	<u>.</u>	
		Tampa, Fl. 33624			
			City/State and Zip Code		
		Erichutler746@yahoo.com			
		E-mail address: (te	o be used for future annual re	eport notification)	
For further in	iformation con	cerning this matter, please ca	II:		
Eric Butler			813 528-	-0895	
at () Name of Personat () Area CodeDaytime Telephone		ne Number			
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee .	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy tadditional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AOA Windows Solutions LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability C	Company were filed on January 13, 2025		_ and assigned
Florida document number 1.25000021291	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	rited liability company here;		
AOA Window Solutions LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		IN SI	2025
Principal office address MUST BE A STREET ADDI	RESS)	F CR	
			<u>ω</u> <u>πυπι</u>
		(7) ~~ √7) ±	7.79
Enter new mailing address, if applicable:		,	TENT:
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u></u>
branng address mall be a rost of the bowy		Total P	<u> </u>
			_
3. If amending the registered agent and/or registere	d office address on our records, enter	the name o	f the new regis
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	v	· · · · · ·
	Fla	orida	
	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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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an effective date ote: If the da	e is listed, the date mu	st be specific and can lock does not meet	the applicable statu	filing or more than 90	(optional) Odays after filing.) Pursua ments, this date will no	
	es a delaved effectiv	ve date, but not an	effective time, at 12	:01 a.m. on the ear	rlier of: (b) The 90th o	day after the
record specific is filed.	•					

Filing Fee: \$25.00