L130000la3548

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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(JUL 0 8 2013 D. BRUCE

COVER LETTER

TO:, Registration Se Division of Cor			
SUBJECT:E	.B. Garage door, Ilc		
SUBJECT:	_	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Elad ben shimol	
		Name of Person	
		Firm/Company	
		9101 ducale way #104	
		Address	
	Palr	m beach gardens FI 33418	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Elladd@gmail.com	
	E-mail address: (to	o be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca	nll:	
			elephone Number
Elad ben		at (<u>425</u>) <u>6987367</u>	
Name o	of Person	Area Code & Daytime To	elephone 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)	Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Garage door, Ilc				
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears ida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liabili		04/29/2013	and a	ssigne	d
Florida document numberL13000062548	<i>.</i>				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability company here	<u>2</u> :			
Locksmith plus, IIc					
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compar	ny," the designation "L	LC" or the	abbre	viation
Enter new principal offices address, if applicable		,			
(Principal office address MUST BE A STREET A	DDRESS)		<u>-</u> -		
			A STR	197	
				۲	
Enter new mailing address, if applicable:			25		HALIZAT ETT TY
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		(A)	<u>5</u>	<u> </u>
			<u> </u>	PH	
B. If amending the registered agent and/or r			윘	••	
B. If amending the registered agent and/or r	registered office address on o	ur records, <u>enter t</u>	he name	of th	e new
registered agent and/or the new registered office	address here:				
Name of New Registered Agent:					
New Registered Office Address:		ومنارة ب			
	Ent	er Florida street add	ress		
_		, Florida			
	City		Zip Co	de	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager 'MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elad ben shimol	9101 ducale way #104 palm beach gardens FL 3341	8 Add
			X Remove
			-
MGR	YDG, llc	9101 ducale way #104 palm beach gardens FL 33418	3 X Add
			Remove
			_
			_ L Add
			Remove
		r	
			Remove
		-	
			Add
			-
			Add
			Remove

D. If amer	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
_			
ated	July 1, 2013		
	Elel		
	Signature of a member or authorized representative of a member		
	Elad ben shimol		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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