

USA Florida Department of State Division of Corporations Electronic Filing Cover Sheet 32437

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To: Division of Corporations Fax Number : (850)617-6383

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2015 MAY -7 PM 3:42 FILED SECRETARY OF STATE TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED 15 MAY -7 AM 10:00 DIVISION OF CORPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BROWARD DOORS LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (0), Page Count (01), Estimated Charge (\$25.00)

MAY 08 2015

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BROWARD DOORS 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 02/20/2015 and assigned Florida document number **L15000032437**.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

- 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:

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 positions 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

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TALLAHASSEE FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager
AMBR= Authorizes Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Units</u>	<u>Type of Action</u>
MGR	Agnaldo Guarezi Ferreira	170 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441		<input checked="" type="checkbox"/> Add

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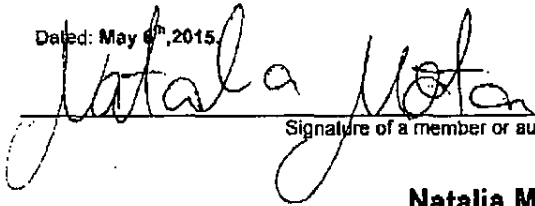
C. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

D. Effective date, if other than the date of filing: 05/08/2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of States)

Dated: May 6th, 2015.



Signature of a member or authorized representative of a member

5/08/15

Natalia Mota - Manager

Typed or printed name of signee