# L21000135618

(Deguardada Marra)
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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OPEN DOOR REALTY & INVESTING, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MONDLIE ENFLAGE PORAVE Name of Person
Firm/Company
1909 ACACIA DIZIVE
KISSIMMEE FL 34758 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MONDLIE TULLAS PANC at (407) 412 - 1667  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

OF	?	23 007 12 00
ODEN DOOD REALTY	4 T	23 OCT 19 PH 12: 53
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now apparability Compan	WVESTING LL 53 Wears on our records.)
		<i>i</i> 1
The Articles of Organization for this Limited Liability Company w	vere filed on	3 23 202 and assigned
Florida document number <u>L 21000135618</u>		' (
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company	here:
OPEN DOOR PINNACLE, LLC The new name must be distinguishable and contain the words "Limited Liability		
The new name must be distinguishable and contain the words "Limited Liability	y Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on ou	r records, enter the name of the new registered
The state of the s		
Name of New Registered Agent:		
You Declared Office Address	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter l	Florida street address
		. Florida

## 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.

City

Zip Code

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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	ite, if other the			t be prior to date	of filing or more t	(option	nal) iling.) Pursuant to 605.	.020
ote: If the		n this block do	es not meet th	ie applicable st			date will not be liste	
record spec is filed.	ifies a delayed	effective date,	but not an ef	fective time, at	12:01 a.m. on ti	ne earlier of: (b)	The 90th day after	the
ated	EPTE	MBEZ	<u> 29, 2</u>	023.				