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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER SHEET

| To: | From: |
|---------------------------|-------------------------------------|
| REGISTRATION SECTION | ORB CPA PA |
| Company/Client: | Date: |
| MOEMNTUM GARAGE DOORS LLC | 6/13/23 |
| Fax: | Fax: |
| | 954-367-7727 |
| Subject: | Total No. Of Pages Including Cover: |
| ARTICLES OF AMENDMENT | 5 |

Notes/Comments:

To whom it may concern.

Please find attached signed Articles of Amendment with a check for the company Momentum Garage Doors LLC.

Sincerely,

Zahava Aronov

Office Administrator

COVER LETTER

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Taflahassee, FL 32314

| | Registration Se Division of Cor | | | |
|----------------|------------------------------------|---|---|---|
| ello nez | | UM GARAGE DOORS LLC | | |
| SUBJEC | <u></u> | Name of Lim | ited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | nurn all correspo | ondence concerning this matter | to the following: | |
| | | ZAHAVA ARONOV | | |
| | | | Name of Person | |
| | | ORB CPA PA | | |
| | | | Firm/Company | |
| | | 1000 S STATE RD 7 | | |
| | | | Address | |
| | | PLANTATION, FL 33317 | | |
| | | | City/State and Zip Code | |
| | | GARAGEGURUSFL@GN E-mail address: (| IAIL.COM to be used for future annual report no | tification) |
| For furth | ner information c | concerning this matter, please c | | |
| MOR EI | DEN | | 813 793-1234 | |
| | Name o | of Person | at () Area Code Daytir | ne Telephone Number |
| Enclosed | I is a check for t | he 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) |
| | Mailing Addres Registration | Section | <u>Street Address:</u> Registration So | |
| | Division of C P.O. Box 632 | | Division of Co The Centre of | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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| | 20110 Nt. D. 43 |
|--|---|
| MOMENTUM GARAGE DOORS LLC | |
| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp | any) (3. 19 (2.) |
| The Articles of Organization for this Limited Liability Company were filed c Florida document number $\frac{1.23000111636}{1.23000111636}$. | on 03/02/2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compa | ny here: |
| The new name must be distinguishable and contain the words "Limited Liability Company." | the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | ,66 |
| 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 address on a agent and/or the new registered office address here: | our records, <u>enter the name of the new registe</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Ente | er Florida street 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 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|-------------------|----------------|
| AMBR | JAY LIRAN METZER | 605 W LUMSDEN RD | □Add |
| | | BRANDON, FL 33511 | ■Remove |
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| an effective date is listed, the date in | nist be specific and cannot | be prior to date of fil | ng or more than 90 day | s after filing.) Pursuant to 6t |)5.0207 (|
| lote: If the date inserted in this ocument's effective date on the | | | ry Ithng requirement | s, this date will not be lis | sted as tl |
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| record specifies a delayed effect Lis filed. | iive date, but not an effe | ective time, at 12:0 | l a.m. on the earlier | of: (b) The 90th day att | er the |
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Filing Fee: \$25.00

Typed or printed name of signee