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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section

Division of Corporations		
SUBJECT: Doorricade LLC	•	<u></u>
Name of L	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Andreu	Ramus Name of Person	
Doorric	Firm/Company	
10725 San	u bernardino W	lay.
BoxaRaton	FL_33428 City/State and Zip Code	
Dorricade E-mail address	e66mil Com s: (to be used for future annual report notif	ication)
For further information concerning this matter, please	c call:	
Andrew Ramus	at (S61) 558-	
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		9 / 3
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fees  Certificate of Status &  Certified Copyon (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10725 San bernardino way Boca Raton, FL 33428
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10725 San bernardino Way. Boxa Raton, FC.33428
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: ANAR	ew Ramus
New Registered Office Address: 10725	San bernardino Way-
Boca	Raton , Florida 35428 Zip Code
New Registered Agent's Signature, if changing Registered Agen	<b>t:</b>

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Address** Name Type of Action Owner Richard Ramus 1039 Sunsetbend Dr. DAdd Boca Raton, FL.33428 ORemove \_\_\_\_\_ □Change Owner James Fulgaro 10319 Sunset bend Dr. Add
Boca Raton, FL 35428 Remove \_\_\_\_\_ Change \_\_\_\_\_\_ □Change \_ Change 1.PR 1.5 \_\_ DRemove  $\Pi$ O **UC** ange  $\square$ Add Remove

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ive date, if other than the date of filing: NO effective date (op fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af If the date inserted in this block does not meet the applicable statutory filing requirements, the date in the Department of State's records.  The description of the Department of State and the date of the Department of State and the Department of State are records.	his date will not be liste
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9-7-21	APR 15
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Mr dreak and	- /
Signature of a member or authorized representative of a member	<del></del>