L23000 522696

(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
HUSKY C	ARAGE DOOR SERVICES L	LC	
SUBJECT:	Name of Lan	ited Liability Company	
The enclosed Articles of	Amendment and feets are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SNIR BENHANAN		
		Name of Person	
	HUSKY GARAGE DOOF		
		Firm/Company	
	3300 BURRIS ROAD BE		
		Address	
	DAVIE FL. 33319		
	ASITRISH@BELLSOUTI		
	f-mail (ddress) (to 2 used for future annual report notification)	
For further information	concerning this matter, please c	all:	`
SNIR BEN HANAN		954 614 4543 at ()	
Name	of Person	Area Code Daytim: Telephone Number	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	U \$55,00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Addra Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO AFTICLES OF ORGANIZATION OF

• 4 ***	ited Lichility Company as it now app (A Florid Limited Liability Company	ears on our records.) ()
The Articles of Organization for this Limaed I Florida document number <u>L230000522696</u>		11/20-2023 and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain (1):	words "Famited Liability Company," th	e Jesi gnation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE</u>		
	registered office address on our	records, enter the name of the new reg
agent and/or the new registered office addition	SNIR BENHANAN 6500 NW 54TH STREET	
	SNIR BENHANAN 6500 NW 54TH STREET	Toridz xircei address , Florida ³³³⁴⁹ Zip Code

New Registered Agent's Signature, if changing Regis, ered 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 executions.

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 renioved from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	SNIR BENHANAN	6500 NW 54TH STREET	□Add
		LAUDERHILL FL. 33319	
			■ Change
			□Add
			□Remove
			[J]Change
			ClRemove
			□Change
			UAdd
			□Remove
			□Change
			□Add
			ElRemove
			ClChange
			IJAdd
			□Remove
			□Change

Si	gnati re o, a meribe, or authori	ZOV. ized representative of a member	
Dated	2023	- •	
record specifies a delayed effective c d is filed.		e, at 12:01 a.m. on the earlie	r of. (b) The 90th day after the
Lan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and calinot be prior to kidocy not meet the applicab	date of filing or more than 90 da	iys after filing.) Pursuant to 605,0207
ffective date, if other than the da	ate of filing:		(optional)
,			

Filing Fee: \$25.00