

# L05000114401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR 4 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OPENDOOR RESOURCES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Muhammad Arshad Alam

Name of Person

OPENDOOR RESOURCES, LLC

Firm/Company

11818 Via Lucerna Cir

Address

Windermere, FL 34786

City/State and Zip Code

arshadaalam@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Muhammad Arshad Alam

Name of Person

at ( 407 )

929-7115

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
12 APR -3 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OPENDOOR RESOURCES, 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 11/29/2005 and assigned  
Florida document number L05000114401.

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:

(Principal office address MUST BE A STREET ADDRESS)

11818 Via Lucerna Cir

Windermere, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8815 Conroy-Windermere Rd

#414

Orlando, FL 32835

**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:

Muhammad Arshad Alam

New Registered Office Address:

11818 Via Lucerna Cir

*Enter Florida street address*

Windermere

*City*

Florida

34786

*Zip Code*

**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Frederic R Lehman	1411 Eastover Loop Winter Garden, FL 34787	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	James B Ryan Jr	8412 Woburn Court Windermere, FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Muhammad Arshad Alam	11818 Via Lucerna Cir Windermere, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Bibi N. Alam	11818 Via Lucerna Cir Windermere, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 3. 1, 2012.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Muhammad Arshad Alam  
\_\_\_\_\_  
Typed or printed name of signee