## L07000089216

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sign Envelope ID: 9F7EF389-A6C9-4259-BE00-BDE2D4783592 COVER LETTER Registration Section Э: Division of Corporations Santa Fe Overhead Doors, LLC JBJECT: Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Lamar Bear Name of Person Firm/Company 9276 S CR 231 Address Lake Butler, FL 32054 City/State and Zip Code lamar@santafeoverheaddoors.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: 386 amar Bear 984-6549 Name of Person Daytime Telephone Number iclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

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Santa Fe Overhead Doors, LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on  $\frac{.08/30/2007}{...}$ and assigned orida document number <u>L07000089216</u> his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: <u> 1ailing address MAY BE A POST OFFICE BOX)</u> If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability in any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

sign Envelope ID: 9F7EF389-A6C9-4259-BE00-BDE2D4783592 amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
igr	Jerel L. Bear	8268 SW County Rd 239A	■Add
		Lake Butler, FL 32054	□Remove
1GR	Justin N. Bear	10219 W State Rd. 238	<b>=</b> Add
		Lake Butler, FL 32054	□Remove
			□Change
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			□Remove
			□ Change
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ective date, if other than the effective date is listed, the date in tee: If the date inserted in this cument's effective date on the	block does not m	eet the applical	date of filing or moles statutory filin	ore than 90 days after the grequirements, this	nal) iling.) Pursuant to 605.0 date will not be listed	207 I as
cord specifies a delayed effect s filed.	ive date, but not	an effective tim	e, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t	he
October 31	_	2024				
DocuSigned by:	<del></del> .		-			
lamar Bear						
8A0779C189C743D	Signature of a n	nember or author	zed representative	of a member	<del></del>	

Filing Fee: \$25.00