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18 APR -9 PM 2: 50
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Florida Door Sales LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Warren Jones
A Florida Door Sales LCC
2960 NE 103rd Aue
Okeechobee FL 34974
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brenda Lea at (77) 465-2886 Name of Person at (77) 465-2886 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certificate Opy (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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

18 FILED

STATE

TO APR -9 PM 2:50 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florid Zip Code City 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 um 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 or removed	Authorized Person(s) authorized to mar from our records:	nage, enter the title, name, and address of	each person being added
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effective	date, if other than the date is listed, the date in	e date of fili	ng:	rior to date of filin	e or more than 90	(optional) days after filing	.) Pursuant to 605	5.0207
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Filing Fee: \$25.00