

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634~3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future hamil report mailings. Enter only one email address please.** D (F)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAS INTERNATIONAL DOORS, LLC

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Corporate Filing Menu

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B. BOSTICK

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N/	AS INTERNATION	AL DOORS	, LLC	
(Name of the l	Cimited Liability Company (A Florida Limited Lia	hility Company)	s on our records.	
The Articles of Organization for this Lin	mited Liability Company w 2001 16382	ere filed on	10/11/2011	and assigned
Florida document number	100110302			
This amendment is submitted to amend	the following:			
A. If amending name, onter the new t	name of the limited liabili	су сотрану ћег	ૡ :	
·	GRAND SECURITY			
The new name must be distinguishable and "L.L.C."	end with the words "Limite	d Liability Compa	ny," the designation "I	.LC" or the abbreviatio
Enter new principal offices address, if	(applicable:			
(Principal office address MUST BE A.	• •			
			,	705
Enter new mailing address, if applical	ble:			Service in the
Mailing address MAY BE A POST OF	FFICE BOX)			
			•	<u> </u>
				52 20
B. If amending the registered agen registered agent and/or the new regist	nt and/or registered office ered office address here:	e address on o	ur records, <u>enter t</u>	he name of the nov
Name of New Registered Ager	nt:			
New Registered Office Addres	8:			
		Ent	ter Florida street add	ress
			, Florida	
		City		Zip Code
New Registered Agent's Signature, If cha	inging Revistered Agent:		x	
Thomas, consume the composite and as we		والمراجع المراجع		
I hereby accept the appointment as re the provisions of all statutes relative t				

If Changing Registered Agent, Signature of New Registered Agent

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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

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company has been notified in writing of this change.

H15000016200

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:

IGRM = N	Managing Member		
tle	Name	Address	Type of Action
<u></u>			Add Remove
			Add Remove
			Add Reniove
	. 1		Add Remove
			Add Remove
	·		Add
If emen	ding any other information, enter chang	ge(s) here: (Attach additional sheets,	if necessary.) Po
			JAN 19 AN
			STATE LOHIDA
ed	January 12th , 20	012	
	Signature of a membe	r or authorized representative of a member	er
		elin Mattig (MGRM)	
	Турей	or printed name of signer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Page 2 of 2	•
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MGR = Manager

EMPIRE CORP KIT

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