## #13000170195

(Requestor's Name)	
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(Document Number)	
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2014 JAN 17 PM 12: 12

SECRETARY OF STATE.

K.SALY EXAMINER JAN 21 2014

## **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT: A	Hordable Gara	ge Door Lepairs,	LLC
	Name of Linia	ed Clability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Manuel	Garcia	
		Name of Person	<del></del>
		Firm/Company	***************************************
	2/01 1.61	ke Debra dr. #	1511
	Orlando	Address  FL, 3283  Cjty/State and Zip Code	\$
		City/State and Zip Code	<del></del>
	E mail address: (t	o be used for future annual report notificati	(va)
<b></b>	·	·	ouş
	oncerning this matter, please ca		
Mariel	Garrie	at (321) 947-5 Area Code Daytime Tel	S164
Name of	Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	e 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	ILED
' VAN I	<i>1</i> ~
TALLAHASSE	Y OF STATE
<del>-</del>	- FLORIDA

The Articles of Organization for this Limited Liability Company were filed on <u>December 09, 2013</u> and assigned Florida document number <u>L13000170195</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited lia  Budget Garage Dwr Re		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
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 au	or records enter the name of the new
registered agent and/or the new registered office address he		Tees. as, <u>sitter me mante or me ner</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida:	street address
		, Florida
<del></del>	City	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
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D. If amending any o	other information, enter	r change(s) here: (Al	ttach additional sheets, if necessary.,	)
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E. Effective date, if of (If an effective date is	ther than the date of fil listed, the date must be s	ling:	more than 90 days after filing.) (605	i.0207 (3)(b)
Dated Sanua	ry 14, 2014,	2014.		
	Ma	Mari		
			representative of a member	
	Mar	ruel Garc	ne of signee	
		Page 2 of	7.2	

Filing Fee: \$25.00