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COVER LETTER

TO: Registration Sec Division of Corp		n t a	· • • •
SUBJECT: Autor	nated Doors,	LLC	•
SUBJECT.		nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Paloma Coe	elho	
		Name of Person	
•	Santucci Pri	ore, PL	
	 -	Firm/Company	
	200 S. Andr	ews Avenue	, Suite 100
		Address	 -
	Fort Lauder	dale, FL 333	01
		City/State and Zip Code	
	pcoelho@500law		
		to be used for future annual re	роп поинсанон)
For further information co	ncerning this matter, please ca	all:	
Paloma Coe	elho	$_{\rm at}$ 954 35	51-7474
Name of	Person	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	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Automated Doors, 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 01/15/2014 Florida document number L14000012526 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Access Doors & More, LLC 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) 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 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

<u>Title</u>	<u>Name</u>	Addwags	Tree a of A sties
THE	<u>ivame</u>	<u>Address</u>	Type of Action
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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:

	•		
<u> </u>			
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Filing Fee: \$25.00