## L1500005181

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Global Installers 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:
Eyerton Geologhan Name of Norson
Firm/Company
3285 FOXCOULT Rd 5315
Miramar FL 33025 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Everton Geologopan at (754) 214-2212  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$30.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee. Certified Copy (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global INStallers L  (Name of the Limited Liability Compa (A Florida Limited L	LC,
The Articles of Organization for this Limited Liability Company	were filed on 9th of January 2015 and assigned
Florida document number <u>L 15000005181</u> .	V
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Global Door Installation, L.  The new name must be distinguishable and contain the words "Limited Liabil	1.0
	ry Company, the designation   EEC   of the aboreviation   E.E.C.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	$ \lambda / / \Lambda$
(Trincipla office dataress MUST BE A STREET ADDRESS)	$-/\sqrt{A}$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice 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:	$\Lambda/A$
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
New Registered Agent's Signature, if changing Registered Agent:	си, гар соце
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added							
or removed from our records:		removed from our records:				d from our records:  Manager	
<u>Title</u>	Name	Address	Type of Action				
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. II am	ending any other information, en	ter change(s) here: (Attach additional sheets, i	inecessary.)
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(If an ef	ive date, if other than the date of ective date is listed, the date must be specif	fic and cannot be prior to date of filing or more than 90 days	optional) s after filing.) Pursuant to 605,0207
	If the date inserted in this block does ent's effective date on the Departmen	not meet the applicable statutory filing requirements tof State's records.	s, this date will not be listed as
the re ) The	ord specifies a delayed effecti 90th day after the record is fi	ive date, but not an effective time, at 12: iled.	01 a.m. on the earlier of
	May 3rd	0011	
		, <u>2016_</u> ,	
Dated	1 199		rs.7
Dated	Egun		27
Dated	Signature	of a member or authorized representative of a member	
Dated	Signature	Geohagh an	TARY TO M
Dated	Signature		

Filing Fee: \$25.00