# L15000042602

| (Req                      | uestor's Name)   | •           |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
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| Certified Copies          | Certificates     | s of Status |
|                           |                  |             |
| Special Instructions to F | iling Officer:   |             |
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2016

MICHAEL HOGAN 2040 S OLD MILL DRIVE DELTONA, FL 32725

SUBJECT: JCS GARAGE DOOR SERIVES LLC

Ref. Number: L15000062602



We have received your document for JCS GARAGE DOOR SERIVES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 416A00021001

TALLAHASSERTES 29

## **COVER LETTER**

| TO: Registration S Division of Co |  |   |   |                    |
|-----------------------------------|--|---|---|--------------------|
| _                                 | e Door Serives LLC                           |   |   |                    |
| SUBJECT:                          | Name of Lim                                  | ited Liability Company  |   |                    |
| The enclosed Articles of          | Amendment and fee(s) are sub                 | emitted for filing.   |   |                    |
| Please return all correspo        | ondence concerning this matter               | to the following:   |   |                    |
|                                   | Michael Hogan                                |   |   |                    |
|                                   |  | Name of Person  |   |                    |
|                                   |  | Firm/Company  |   |                    |
|                                   | 2040 S Old Mill Dr                           |   |   | , Fa.              |
|                                   | Deltona, FL 32725                            | Address   |   | 16 NOV -2          |
|                                   | michael@jcsgaragedoorser                     | City/State and Zip Code vices.com                                   |   | - MC               |
|                                   | ,  | to be used for future annual report notif                           | ication)  | FLORIDA<br>H 4: 29 |
| For further information of        | oncerning this matter, please co             | all:  |   | <b>(b)</b>         |
| Michel Hogan                      |  | 386 748-8467<br>at ( )  |   |                    |
| Name o                            | f Person                                     |   | Telephone Number  |                    |
| Enclosed is a check for t         | he 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<br>Certificate of Sta<br>Certified Copy<br>(additional copy is e | atus &             |

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

# TO ARTICLES OF ORGANIZATION OF

| ICS Garage Door Serives LLC   |   |                           |
|---|---|---------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company) |                           |
| The Articles of Organization for this Limited Liability Company L15000062602  | ,   | and assigned              |
| This amendment is submitted to amend the following:   |   |                           |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |                           |
| JCS Garage Door Services LLC  |   |                           |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "LLC" or t                   | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 126 Crystal View South                                      |                           |
| Principal office address MUST BE A STREET ADDRESS)  | Sanford, FL 32773   | , 5v                      |
|   |   | <b>5</b>                  |
| Enter new mailing address, if applicable:   | 126 Crystal View South                                      | HASSE<br>OV -2            |
| Mailing address MAY BE A POST OFFICE BOX)   | Sanford, FL 32773   | P 7                       |
|   |   | f. 32                     |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |   | nter the name of the n    |
| Name of New Registered Agent:   |   |                           |
| New Registered Office Address:  | Enter Florida street address                                | <u>-</u>                  |
|   | , Florid  | a                         |
|   | 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Address Title <u>Name</u> ☐ Add \_□ Remove ☐ Change ☐ Remove \_□ Change \_□ R**em**ove □ Change □ Add \_□ Remove \_□ Change ☐ Add ☐ Remove ☐ Change \_□ Add ☐ Remove

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| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date on Note:  If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records. | (optional) of filing or more than 90 days after filing.) Pursuant to 605.02 atutory filing requirements, this date will not be listed a | !07 (:<br>as tl |
| the record specifies a delayed effective date, but not an e<br>The 90th day after the record is filed.  | effective time, at 12:01 a.m. on the earlier  | of:             |
| Dated Monday Sentember 26 2016.   |   |                 |
| Dated Monday Sentember 26, 2016.  Signature of Amember or authorized re   | epresentative of a member   |                 |
| Michael Hagar<br>Typed or printed name  | of signee   |                 |

Page 3 of 3

Filing Fee: \$25.00