# L17000019657

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#### **COVER LETTER**

TO:	Registration Se Division of Co						
SUBJE		CH DOOR GLASS MAINTEN	ANCE, LLC				
Name of Limited Liability Company							
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		GENARO J VERAS					
			Name of Person				
		HIGH TECH DOOR GLA	SS MAINTENANCE, LLC				
			Firm/Company				
		2206 NW 29TH ST					
Address							
		OAKLAND PARK, FL 33	3311				
			City/State and Zip Code				
		ataisserve@gmail.com					
		E-mail address: (	to be used for future annual report notific	cation)			
For furt	ther information o	oncerning this matter, please c	all:				
Araceli	is Cachela		305 766-0533				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for the	ne following amount:					
□ \$25	5.00 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 (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

## HIGH TECH DOOR GLASS MAINTENANCE, 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 01/25/2017 and assigned Florida document number \_\_\_\_\_\_L17000019657 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HI-TECH DOOR GLASS MAINTENANCE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NA Enter new principal offices address, if applicable: NA (Principal office address MUST BE A STREET ADDRESS) NA NA Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) NA 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: NA Name of New Registered Agent: NA New Registered Office Address: Enter Florida street address NΑ

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.

City

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:

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