117000043298

(Requ	estor's Name)
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to File	ing Officer:	
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Office Use Only



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JAN 03 S. PRATHE-

COVER LETTER

Divisi	on of Corp	orations			
	Doorworx II				
SUBJECT: _		Name of Limited Liability Company			
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return al	ll correspon	dence concerning this matter	to the following:		
		Chad Miller			
			Name of Person		
		Doorworx flc			
			Firm/Company		
		2740 Gator trl.			
			Address		
		Titusville, FL 32780			
			City/State and Zip Code	±-994-	
		DOORWORXLLC1@GM/	AIL.COM to be used for future annual rej	port notification)	
For further info	ormation co	ncerning this matter, please ca			
Chad Miller			321 402-	8396	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a c	heck for the	: following amount:			
■ \$ 25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	
	ng Address stration S		<u>Street Add</u> Registrati	ress: ion Section	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doorworx llc		\$_7
	Company as it now appears on our records.) imited Liability Company)	- v
The Articles of Organization for this Limited Liability Cor Torida document number 117000043298		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)		e abbreviation "L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	ı
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgr	Jennifer Jean Miller	2740 Gator trl. Titusville FL 32780	
			Remove
			Change
ambr	Jack Lincoln Miller	2740 Gator trl. Titusville FL 32780	≣Add
			□Remove
			Change
ambr	Lucas Danger Miller	2740 Gator trl. Titusville FL 32780	■Add
			□Remove
			☐ Change
			□Add
			🗆 Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

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fective date, if other than the	date of filing:		(optional))	
n effective date is listed, the date must ite: If the date inserted in this blo cument's effective date on the De	be specific and cannot be prior to sek does not meet the application	o date of filing or more the ble statutory filing rec	ian 90 days after filing	g.) Pursuant te	i 605.01 Histed
ecord specifies a delayed effective is filed.	date, but not an effective tir	ne, at 12:01 a.m. on th	e carlier of: (b) T	he 90th day	after tl
				••	2024
November 20th	2024				
November 20th	2024				. <u></u>
ted		_ ·)
ted	Signature of a member or autho	rized representative of a	member		- <u>::</u>

Filing Fee: \$25.00