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SECRETARY OF STATE
TALL AHASSEE, FLORIO

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp							
		N GARAGE DOOR AND REI	PAIR LLC					
SUBJEC	T:	Name of Limi	ted Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are subr	nitted for filing.					
Please ret	turn all correspo	ndence concerning this matter t	to the following:					
		LOUISE REINHARDT-BI	RZOZOWSKI					
			Name of Person					
		SEBASTIAN GARAGE D	OOR REPAIR COM	1PANY LLC				
			Firm/Company		<u>.</u>	<u>-</u>		
		550 PALM AVE						
		Address						
		SEBASTIAN FL 32958						
			City/State and Zip C	lode				
		lbrzozowski550@gmail.com						
		E-mail address: (1	to be used for future an	mual report notifi	leation)			
For furth	er information c	oncerning this matter, please ca	all:					
LOUISE	E REINHARDT-	BRZOZOWSKI	828	557-1213				
	Name o	f Person	Area Code) Daytime	Telephon	2 Number		
C L.	l in a land for d	- A. Barrian amanut						
Enclosed	i is a check for ti	ne following amount:						
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy)ý	1	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration			et Address: gistration Sec	tion			
	Division of C			ision of Cor		s		
	P.O. Box 632			: Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEBASTIAN GARAGE DOOR AND REPAIR LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records. Jiability Company)	,)
The Articles of Organization for this Limited Liability Company Florida document number 1.17000056902	were filed on 03/13/2017	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:	
SEBASTIAN GARAGE DOOR REPAIR COMPANY LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	for the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2000 MAR +6 SECRETARY TALLAHASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6 AH IO: 35
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter	the name of the new register
New registered virige rangess.	Enter Florida street addres	3.
	, Flo	orida
	Cuv	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
-			□Add
			□Remove
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Effective data if other than the	date of filing:			(optional)	
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Note: If the date inserted in this old document's effective date on the De	partment of State's re	cords.	,g 4		
e record specifies a delayed effective rd is filed.	date, but not an effec	ctive time, at 12:0	I a.m. on the earl	ier of: (b) The 90t	h day after the
Dated MARCH 3	2020				
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Filing Fee: \$25.00