118000173522

		<u> </u>
(Re	equestor's Name)	l
		
(Ac	idress)	ļ.
		'
(1)	ldress)	
(AC	idiess)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	L ***	L WALL
		i
	rainana (Takiba Nama	
(BL	isiness Entity Nam	ie)
(Do	ocument Number)	
	ŕ	
Certified Copies	_ Certificates	of Status
		1
r 	· · · <u>-</u>	1
Special Instructions to	Filing Officer:	
		'
		f
		1

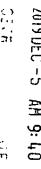
Office Use Only

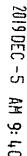


600337523326

12/05/19--01008--029 *+25.00

S TALLEN" JAN 1 3 2020





COVER LETTER

TO: Registration Sec Division of Corp		1	
SUBJECT:	Name of Limit	Tides LLL ted Liability Company	<u> </u>
Division of Corporations			
Please return all correspon	dence concerning this matter t	o the following:	
	Mark	Name of Person	s, Esq.
	120 rg	MCa + Ja (obs, PA.
	2001 1-10	JAddress T	300),5-200
	the hypers	City/State and Zip Code	250
	E-mail address: (t	o be used for future annual report note	aci. CoM
For further information co	ncerning this matter, please ca	ill:	
	Person Scolos	at (T 54) Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	~	Certified Copy	Certificate of Status & Certified Copy

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

Street Address: 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

Sunit	dos 110
(Name of the Limited Liability (A Florida	v Company as il now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
	MA
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "ES.C."
Enter new principal offices address, if applicable:	NIA 3 3 m.
(Principal office address MUST BE A STREET ADDRI	ESS)
:	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	171 0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	MIA
New Registered Office Address:	Enter Florida street address
	Litter Fibriaa street agaress
	, Florida
New Registered Agent's Signature if changing Registered	·

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Keller Forming Holdings, Lic		🗀 Add
i	Holdings, Lic	Door Flicker Go	Ci De Remove
t			
:			□Add
·			□ Remove
			□Change
			🗆 Add
			□Remove
			□Add
			🗀 Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

_	
_	
-	
-	
-	
_	
-	
_	
-	
-	
-	
-	
-	
_	
-	
te:	tive date, if other than the date of filing:
re he	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
ed	1 NOV. 2 JAH. 2019.
	Signature of a member or authorized representative of a member
	7 Signature of a member of authorized representative of a member
	(1 hands (1) Koner,

Page 3 of 3

Filing Fee: \$25.00