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COVER LETTER

Division of Cor	porations		
Unlimited L	Doors BV, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subj	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Erick Paul Brito Munoz		
		Name of Person	
	Unlimited Doors BV, LLC		
	·	Firm/Company	
	9874 Pines Blvd.		
		Address	
	Pembroke Pines, Florida 37	3024	
	ebritom@hotmail.com	City/State and Zip Code	. _
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ill:	
Erick Paul Brito Munoz		305 342-4258	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Unlimited Doors BV, LEC (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 $\underline{\underline{O}}$ ctober 11, 2018 Florida document number L18000241098 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation N/AEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/AEnter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/AName of New Registered Agent: N/ANew Registered Office Address: Enter Florida street address

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

_, Florida _

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
MGR	Andres Sebastian Vela Brito	9874 Pines Blvd Pembroke Pines, Fl 33024	a Add
			☐ Remove
			Chringe
			Add
			П Remove
			☐ Clunge
			П Кеточе
		·	☐ Clunge
			☐ Remove
			☐ Clrange
			
			☐ Remove
			Change
			□ Remove
			☐ Change

В	rito Munoz.
2	Please change the name of the Member/General Manager from Eric Paul Brito Munoz to Erick Paul
_	Brito Munoz.
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	October 22, 2018
e:	ve date, if other than the date of filing: (optional) cuve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0205 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ed_	
	CPSotal

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Typed or printed name of signee

Filing Fee: \$25.00