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(Re	equestor's Name)		
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C. GOLDEN

JAN 2 5 2019

COVER LETTER

TO:	Registration Se- Division of Cor			7
		DOORS INSPECTION LLC		
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	iclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		AMINE ALIOUALLA		
			Name of Person	
		USA FIRE DOORS INSP	ECTION LLC	
			Fum/Company	
		6813 ALTIER ESTATES	CT	
			Address	5
		TAMPA, FL 33610		
		mrmelliti@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ilication
For fu	ther information co	oncerning this matter, please ca	ıll:	
AMIN	E ALIOUALLA		813 335-4626	
	Name of		Area Code Daytin	ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
⊟ \$3	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)
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

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

Registration Section Dryision of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2019 JAN 17 AM 8: 50

USA FIRI	DOORS	INSPEC	TION LLC
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	1011713	210
he Articles of Organization for this Limited Liability Compa	my were filed on 10/16/2	and assigned
lorida document number L18000243658		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		r records, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida st	rect address
	Cin	, Florida Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	HICHEM MELLITI	6813 ALTIER ESTATES CT TAMPA, FL 33610	■ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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(If an effective o Note: If the	te, if other than the date late is listed, the date must be sp date inserted in this block d effective date on the Departi	pecific and cannot be pri locs not meet the appl	or to date of filing or mor licable statutory filing	e than 90 days after filing.) Pur	suant to 605,0207 (, not be listed as th
	specifies a delayed effort day after the record i		not an effective tir	ne, at 12:01 a.m. on i	the earlier of:
Dated	JANUARY 10th	2019			
			\overline{V}		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00