119 00000 15128

(Requ	estor's Name)
(Addre	ss)
(Addr	ss)
(City/s	state/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busil	less Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ing Officer:
	Office Use Only
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J24-1093	<u>,</u> -



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C. GOLDEN MAY - 4 2019

COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT: <u>G</u>	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	Michael A Bryan Name of Person Global Garage, Dog 140
	Global Garage Door LLC Firm/Company
	1166 SW 122 Ave.
	Penbrole Pino IL 33025 City/State and Zip Code Penal address: (to be use) for future annual report notification)
	garage door epoir eichad. Com Equal address: (to be use) for future annual report notification)
For further information co	ncerning this matter, please call:
Michael Name of	A Bryon at () 754 317 8595 Person Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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



April 16, 2019

MICHAEL A. BRYON 1166 SW 122 AVENUE PEMBROKE PINES, FL 33025

SUBJECT: GLOBAL GARAGE DOOR LLC Ref. Number: L19000015128

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current hame of the entity is as referenced above. Please correct your document accordingly.

Page 1 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 719A00007706



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 HAY - 1 PH 12: 37

(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	SILL C
The Articles of Organization for this Limited Liability Comp. Florida document number $_L1900015128$.	any were filed on 114 19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distir guishable and contain the words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N A	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered		enter the name of the new
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:	A N	
New Registered Office Address:		1
	Enter Florida street address	
	, Flor	i da Zip Code
New Registered Agent's Signature, if changing Registered Ag	•	2.47 Couc
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I furth lete performance of my duties, and as provided for in Chapter 605, F.	T am familiar with and S. Or, if this document is
15.	N A Changing Registered Agent, Signature of	New Registered Agent
l If	Changing Registered Agent, <u>Signature ot</u>	New Registered Agent

' .'	If amend or remov	ing Authorize ed from our r	d Person(s) authorized to ma	nage, enter the title, name, and address of each p	er the title, name, and address of each person being added	
	MGR = AMBR =	Manager Authorized N	1ember			
	<u>Title</u>	<u>Name</u>		Address	Type of Action	
	MGR	Mic	hael A Biyan	1166 SW 122 Ave	_D Kal	
				1166 SW 122 Ave Pembriske Pince, FL 33025	□ Remove	
					□ Change	
					🗆 Add	
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). df.am	ending any other infor	mation, enter change(s) he		sheets, if necessary.)	
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(If an el <u>Note:</u>	If the date inserted in thi	must be specific and cannot be pr	licable statutory filing req	(optional) an 90 days after filing.) Pursuant to uirements, this date will not be	o 605.0207 (3)(t tisted as the
	cord specifies a dela 90th day after the		not an effective time,	, at 12:01 a.m. on the e	arlier of:
Dated					
Dated					
					_
		Signature of a mentar or au Midrael 7	ithorized representative of a i DVU AV	member	
		Typed or pr	inted name of signee		_

Page 3 of 3

Filing Fee: \$25.00