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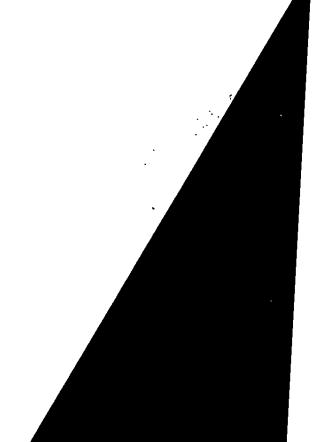
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COVER LETTER

Div	rision of Corp	porations		
SHR IFCT.	INVISIBLE	DOOR HOLDING GROUP,	LI.C	
зованет.		Name of Lim	ited Liability Company	
		SIBLE DOOR HOLDING GROUP, LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: C. Philip Insistengmay Name of Person INVISIBLE DOOR HOLDING GROUP, LLC Firm/Company 1995 Ganton CT Address Rockledge, FL 32955 City/State and Zip Code pinsistengmay@gmail.com F-mail address: (to be used for future annual report notification) tion concerning this matter, please call: may 262 391-3644 Area Code Daytime Telephone Number for the following amount: ee \$\Bigsim \$30.00\$ Filing Fee & \$\Bigsim \$55.00\$ Filing Fee & \$\Bigsim \$60.00\$ Filing Fee, Certificate of Status & Certificat Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed)		
The enclosed	d Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspoi	ndence concerning this matter	to the following:	
	closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: C. Phillip Insistengmay Name of Person INVISIBLE DOOR HOLDING GROUP, LLC Firm/Company 1995 Ganton CT Address Rockledge, FL 32955 City/State and Zip Code pinsistengmay@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: (ip Insistengmay Name of Person 1262 391-3644 Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certificate Opy Certificate of Status & Certificate of Status			
			Name of Person	
		INVISIBLE DOOR HOLF	DING GROUP, LLC	
		 -	Firm/Company	
		1995 Ganton CT		
			Address	
		Rockledge, FL 32955		
		pinsisiengmay@gmail.com		
		E-mail address; (to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
C. Philip Ins			262 391-3644 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
iclosed is	a check for th	e following amount:		
\$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company))
The Articles of Organization for this Limited Liability Compa	iny were filed on January 14, 2019	and assigned
Florida document number L19000015359		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		5 5
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	三 星 道
		NE NE
		新名 基 口
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		5 T 23
		
If amending the registered agent and/or registered gistered agent and/or the new registered office address h	office address on our records, nere:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and t the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ny has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Phonthip Insisiengmay	1995 Ganton CT Rockledge, FL 32955	■ Add
			□ Remove
			☐ Change
MGR	Tanthai Bubphaphuang	50 Needle Blvd, Unit 15 Merritt Island FL 32953	■ Add
			□ Remove
			Change
		·	JANUEL E
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fective date is listed, the date must be s	e of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t	to 605.020
If the date inserted in this block on nent's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not b	e listed a:
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cord specifies a delayed eff	fective date, but not an effective time, at $12:01$ a.m. on the ϵ	arlier o
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January 17	2019	
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Page 3 of 3

Filing Fee: \$25.00