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COVER LETTER

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TO: Registration Section Division of Corporations

Door Solutions USA LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filir	ıy.
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Please return all correspondence concerning this matter to the following:

Joseph E. Seagle

Name of Person

Joseph E. Seagle PA

Firm/Company

924 W Colonial Dr

Address

Orlando, FL 32804

City/State and Zip Code

joe@seaglelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph E. Seagle	407	770-0100 ext 102
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee ■ ■ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy radditional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT то ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on 05/02/2019 and assigned Florida document number 1,19000119746

This amendment is submitted to amend the following:

DOOR SOLUTIONS USA LLC

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter 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:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess.
	, I	florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Aaron G. Murray	2511 Princeton Ave	
		Sanford FL 32773	
			Remove
			Change
			Add
			🗆 Remove
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			Change

*D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	2019	
-	Sphartise of a member or authorized representative of a member	<u> </u>
J	Joseph E. Seagle, Authorized Representative	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00