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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

SUBJECT:	UP Down	Garage Doors, ited Liability Company	12C
	Name of Lin	ned Claomity Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Davas	N Da huic	
	<u> </u>	N. 120 Mbakis	<u> </u>
	UP Dow	on Carage Depors	LLC
		1 Into Company	
	6804 Gr.	ten Island Terrace Address	2
		Address	
	Lake wo	MN FL 334/4 City/State and Zip Code	<i>6</i> 3
	Petero	inbakis @ gmail to be used for future annual report not	(Com
			itication)
For further information	concerning this matter, please ca	au:	
		at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	_		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
MAI	LING ADDRESS:	STREET/COUR	IER ADDRESS:
Regis	stration Section	Registration Section Division of Corno	on
LIIVIS	ION OF COFFICIALIONS	UIVISION OF COMMO	11744 UMS

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

Registration Section Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{5/7/2019}{2019}$ and assign Florida document number $\frac{319000043873}{2019}$
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 distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
(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 registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Enter Florida street address
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
MGR	Peter N. Rombakis	6804 Green Island Ter.; Lake FL 33463	Worth DE Add
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 1) The 90th day after the record is filed.	12:01 a.m. on the earlier
Dated June 14 . 2019.	
Signature of a member or authorized representative of a member	: ।
Peter N. Rombakis Typed or printed name of signee	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00