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R. WHITE JUN **19**20

COVER LETTER

Division of Corpo	rations		_
SUBJECT: MET	lan's Slidi Name of Lim	NG GIQSS DOO ited Liability Company	r Repair LLC
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Marilyn	Name of Person	Patrick
	Merlan's Sli	ding Class Door	Repair LLC
	70 Box	22314 Address	
	Sarasota	FL 34276 City/State and Zip Code	
	Prices: (City/State and Zip Code Sliding Door @ to be used for future annual report notif	gmail: com
For further information cond	erning this matter, please ca	all:	
Marilyn Fay	Davis Patric	K at (941) 730. Area Code Daytime	Telephone Number
		i	
Enclosed is a check for the f	ollowing amount:		
\$25.00 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)

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(A Florida Limited L	Jianiity Company)		
The Articles of Organization for this Limited Florida document number <u>i-19000</u>	Liability Company	were filed on 06	-14-2019 ====================================	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desig	znation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E <i>BOX</i>)			
B. If amending the registered agent and/or agent and/or the new registered office add	C)	address on our reco	ords, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:	Marily	in Fay D	avis Patric	K.
New Registered Office Address:	(same)		street address	
			, Florida	
		City	Zia	p Code

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marilyn Fay Davis	PO Gox 22314 Sarasota, FL 34276	□Add
		Sarasota, FL 34276	Remove
			□Change
			□Add
			□Remove
			□Change
		-, 	□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

samending any other information, enter change(s) here: (Attach additional s	
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ffective date, if other than the date of filing:	an 90 days after filing.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	e earlier of: (b) The 90th day after the
ated (1Me 9, 2020.	
Marky Signature of a member or authorized representative of a r	member
Maril For Davis	
Typed or printed name of signee	 -