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(Re	equestor's Name)	<del>_</del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

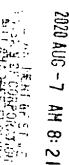




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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	oors & Hardware LLC	•	4-
BUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Warren McCann		
		Name of Person	
	National Doors & Hardwa	re LLC	
		Firm/Company	
	760 Anclote Rd, Suite D		
		Address	
	Tarpon Springs, FL 34689		
		City/State and Zip Code	
	NationalDoorsandHardward	e@gmail.com	
	E-mail address: (	to be used for future annual report notif	fication)
for further information	concerning this matter, please c	all:	
Warren McCann		813 334-2988	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations allähassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

National Doors & Hardware LLC

(Name of the Limited Liability Company as it now

( <u>::::::::::::::::::::::::::::::::::::</u>	(A Florida Limited Liabili	ty Company)	
The Articles of Organization for this Limited L	iability Company were	e filed on	mand assigned
Florida document number 120000044442	·		2
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applied	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. if amending the registered agent and/or agent and/or the new registered office address	Q*	ess on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Warren McCann		
New Registered Office Address:	760 Anclote Rd, Suit	te D	
		Enter Florida street address	
	Tarpon Springs		da <sup>34689</sup> Zip Code
	•	City	гър Соце

## 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.

21.1

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>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mark Russell	2016 N. Pointe Alexis Drive	□Add
		Tarpon Springs, FL 34689	Remove
			□Change
MGR	Warren McCann	2008 N. Pointe Alexis Drive	<b>=</b> Add
		Tarpon Springs, FL 34689	□Remove
			□ Change
			∐Add
			□Remove
			□Change
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			□Remove
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			□Change
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			□Remove
			□ Change

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MARIC RUSSE!		·

Filing Fee: \$25.00