LZ0000 277118

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COVER LETTER

Division of Co.		•				
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SUBJECT:		RON DOORS FL LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ž	ALBERT J. CAMPO CPA				
		Name of Person				
	AJ(C ACCOUNTING SERVICES Firm/Company				
		70 MILL ROAD Address				
		MANALAPAN, NJ 07726				
	h C h	City/State and Zip Code MPO@AJCACCOUNTING.COM				
	E-mail address: (to be used for future annual report not	ification)			
For further information of	concerning this matter, please c	all:				
	AVID FERBER	at (_917) _771-4075				
Name (of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he 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		Street Address:				
Registration		Registration Section				
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee				
Tallahassee,			be Street, Suite 810			
		= 113 (1.1710)II(Je direct parte 010			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	N DOORS FL LL		
(Name of the Limited Liability Con (A Florida Limite	pany as it now appe ed Liability Company	<u>ars on our records.</u>)	
The Articles of Organization for this Limited Liability Compa	ny were filed on _	SEPTEMBER 4	, 2020 and assigned
Florida document numberL20000277118			
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"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		 	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>	<u> </u>
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our	records, enter the	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter F	lorida street address	
		, Flor	rida
	City		Zip 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
AMBR	CARPATHIAN FAMILY LP		🗆 Add
		115 HEATHER DRIVE EAST HILLS, NY 11576	⊠ Remove
		-	□Change
AMBR	THE EV FAMILY REVOCABLE TRUST	115 HEATHER DRIVE EAST HILLS, NY 11576	_ NADES T
			Remove
			Remove AH 1:33
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Effective date, if other than the fan effective date is listed, the date multiple of the date inserted in this blocument's effective date on the I	ist be specific and a lock does not m	cannot be prior to eet the applica				g.) Pursuant to 605.020	
record specifies a delayed effecti d is filed.	ve date, but not a	an effective tin	ne, at 12:01 a.	m. on the earl	ier of: (b)	Fhe 90th day after th	e
Dated OCTOBER 21		2020					
				_			
	5,						
	Signature of a m	ember or author	ised representa	tive of a memb	er		

Filing Fee: \$25.00