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SECRETARY SESTAL

12/16/20



COVER LETTER

Div	gistration Secti- ision of Corpo		34. §		•
·*x	American Gara	age Door Service And Repa			
SUBJECT:		Name of Limi	ited Liability Company	·	
The enclosed	d Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspond	ence concerning this matter	to the following:		
		Regina Whitehead			
			Name of Person	•	
		Khalsa McBrearty Account	tancy LLP		
			Firm/Company		
		3200 N Central Ave Ste 11	50		
			Address	-	
		Phoenix AZ 85012			
			City/State and Zip Code		
		rtw@vaiil.com	to be used for future annual	connect and illination (
				report notification;	
For further i	ntormation con-	cerning this matter, please ca	all:		
Regina			602 40 at ()	7-2800	
	Name of P	erson	Area Code	Daytime Teleph	one 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 (additional copy is end		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M:</u>	iling Address:		Street A	ddress:	

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

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 2020 NOV -9 PM 3: 21

SECRETARY OF STATE TALLAHASSET, FL

American Garage Door Service And Repair LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 09/09/2020	and assigned
Florida document number L20000280859		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
American Garage Door and Repair LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>er</u>	nter the name of the new registe
Name of New Negistered Agent.		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LIOR GABAY	501 NE 3rd Street #306	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Hallandale FL 33009	■Remove
			☐ Change
AMBR	Shoham Cohen	501 NE 3rd Street #306	■Add
			□Remove
			Change
			□Add
			□Remove
			Change
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<u>ote:</u> If th	date, if other the date is listed, the date inserted in seffective date o	this block doe:	s not meet	the applica	o date of filin ble statutor	ng or more than y filing requ	option 90 days after irements, this	ntary filing.) Pursuant date will not b	to 605.020 se listed as
record sp Lis filed.	ecifies a delayed	effective date, b	out not an	effective tir	ne, at 12:01	a.m, on the	earlier of: (b)	The 90th da	y after the
Oct	ober 22nd		2	020	 '				
			g)						
	-	Signatu	of a men	ber or autho	rized represe	ntative of a m	ember		_