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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

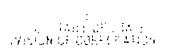
	legistration Se Division of Cor			
CHBIEZ"		CUSTOM DOORS, LLC		* . *
SUBJECT	J:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	irn all correspo	ondence concerning this matter	to the following:	
		ANA VERENA ALIAGA	URDININEA	
			Name of Person	
			Firm/Company	
		2787 N AIRPORT ROAD	. UNIT 410	
		-	Address	
		FORT MYERS, FL 33907		
		ANITA@NEWERRADOO	City/State and Zip Code RS.NET	
		E-mail address: (to be used for future annual report noti	ification)
For further	r information c	oncerning this matter, please ca	all:	
ANA VER	RENA ALIAG	A URDININEA	239 340-1229	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed i	s a check for th	ne following 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)
R	Tailing Addres	Section	<u>Street Address:</u> Registration Se	
	Division of C T.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR 19 AH 11: 44

UNIQUE CUSTOM DOORS, 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 I	Liability Company were filed or	n 01/27/2021 and assigned
Florida document number 1.21000050422	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compar	ny 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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ur records, <u>enter the name of the new register</u>
Name of New Registered Agent:	ana Verena aliaga ui	RDININEA
New Registered Office Address:	9753 GLADIOLUS BULB L	OOP
	Enter Florida street address	
	FORT MYERS	Florida 33908 Zip Code
	City	Zip Code

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

#1016fg.	2400 JUN	gh Al lum

<u>Title</u>	<u>Name</u>	Address 21 APR 19 AMII: 44	Type of Action
MGR	ANA VERENA ALIAGA URDINI	ANA VERENA ALIAGA URDININEA	□ Add
		9753 GLADIOLUS BULB LOOP	□Remove
		FORT MYERS. FL 33908	= Change
AR	ASHLY LIONELA ZUPANCICH	ASHLY LIONELA ZUPANCICH ALIAGA	🗆 Add
		9753 GLADIOLUS BULB LOOP	□Remove
		FORT MYERS, FL 33908	■ Change
			□Add
			□Remove
		 	□Change
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Filing Fee: \$25.00