## L21000054783

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DRECISION DORS AND MORE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin Ford Name of Person
Precision Doors and More LLC Firm/Company
515 HOWARD GRAY DR.
City/State and Zip Code  DOORGUY427 @ GMall. (GM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Person  at (#13) 841-662.4  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int_{\subset}\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECESION DOORS	S AND MORE LLC  y as it now appears on our records.) ability Company)
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2100065474</u> 3	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	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)	515 HOWARD GRAY DR RUSKIN, FL 33590
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	515 HOWARD GRAY DR. RUSKIN, FL 33570
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	EVIN FORP
New Registered Office Address: 515	HOWARD GRAY DR, Enter Florida street address
	K 1 W Florida 33570  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e 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

رب (ن) If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Keum FORD	HOWARD GRAY DR. RUSKIN, FL 33570	XAdd
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			Change
			□Add
			Remove
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			🗀 Remove
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	s effective date on the Do						
	ecifies a delayed effectiv	e date, but not an effec	rtive time, at 12:01 a.	m. on the earlie	rof:(b) The	e 90th day af	ler the
d is filed.						٠٠٠	
Dated	April 1st	. 20	21 .				¥
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	<i>I</i>	Signature of a member of	7/  or authorized represents	ntive of a member			Ü
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