

To:

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2022-09-26 16:40:34 CDT

17866-0121

From: DAQA Accounting

L21000066969

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000332129 3)))



H220003321293ABCY

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DAQA ACCOUNTING INC.  
Account Number : 120210000190  
Phone : (786)431-1561  
Fax Number : (786)364-0121

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2022 SEP 26 AM 8:51

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DOCTOR DOORS AND WINDOWS LLC

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2022 SEP 26 11:25:52

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J DEPT 113  
SEP 27 2022

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

H220003321293

Doctor Doors and Windows 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 03/08/2021 and assigned Florida document number L21000066969.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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 applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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**

H220003321293

H1220003321293

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Adrian Argenis Gaccia Medina		<input checked="" type="checkbox"/> Add
		100 NW 11th St Apt 305	<input type="checkbox"/> Remove
		Miami FL 33136	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

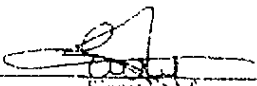
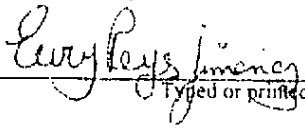
N/A

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 26, 2022  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
\_\_\_\_\_  
Typed or printed name of signee

H220003321293

Filing Fee: \$25.00