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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
	☐ WAIT	☐ MAIL
	□ '' '''''	
(Bu	siness Entity Nar	ne)
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Certified Copies	Cortificator	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Tallahassee, FL 32314

то:	Registration Se- Division of Cor			•
CHDII		NG DOORS SPECIALISTS, LI	LC	
SUBJI	·CI:	Name of Lim	ited Liability Company	<u> </u>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Leonelly Rodriguez		
			Name of Person	
			Firm/Company	
		10288 Nw 88 Terrace		
			Address	
		Doral, 33178		
			City/State and Zip Code	
		leonellyrodriguez@yahoo.c	ont to be used for future annual report no	Nuffragion \
For fur	ther information c	oncerning this matter, please c	•	orneation)
Leone	lly Rodriguez		786 488-5951	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	he following amount		
≡ \$2	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)
	Mailing Addres Registration 5		Street Address: Registration S	Section
	Division of C		Division of C	
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 NOV 24 PM 3: 49

360 SLIDING DOORS SPECIALISTS, LLC

SEGRETARY OF STATE

(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 w	vere filed on 09/20/2021	and assigned
Florida document number <u>L21000414437</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office ac	ldress on our records, <u>en</u>	ter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street aa	ldress
		, Florida
	Сиў	Zıp 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 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>	Name	Address	Type of Action
MGR	Oswaldo Boulton	4620 NW 79th Av # 2-A, Doral Fl, 33166	≣ Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
-			□Add
			□Remove
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			□ Add
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□ Change

50% Oswaldo Boulton as Mana	iget

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ffective date, if other than the d	late of filing:
ocument's effective date on the Dep	
record specifies a delayed effective of its filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated November 8	2021
	Signature of a member or authorized representative of a member
1/ 12 /	