LA1000423321

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Ĉity/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	

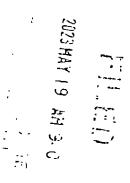
Office Use Only



300409031943

05/19/23-+01011--002 **25.00

7/18/23 VIN



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERGLADES DOOR AND GLASS ELC					_
(Name of the Limited Liabil (A Florid	lity Company da Limited Lia	as it now appears on our record bility Company)	<u>5.</u>)		
ne Articles of Organization for this Limited Liability (Company w	rere filed on 09/27/2021		and	assigned
orida document number 1.21000423327					
nis amendment is submitted to amend the following:					
. If amending name, enter the new name of the lin	nited liabili	ty company here:			
e new name must be distinguishable and contain the words "Lin	mited Liability	Company," the designation "LLC"	" or the abb		"L.L.C."
nter new principal offices address, if applicable:		4900 NW 48TH LN	:	2023	
Principal office address MUST BE A STREET ADD	RESS)	TAMARAC, FLORIDA 33319)	13.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5	free v
				<u>.</u>	,
				<u> </u>	
Enter new mailing address, if applicable:		4900 NW 48TH LN	<u>.</u>	ÇΘ	
Mailing address MAY BE A POST OFFICE BOX)		TAMARAC, FLORIDA 33319) () () () () () () () () () (<i>C</i> .	
. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:	;	dress on our records, <u>enter</u> F RYSZARD BOLKO, PLLC	the name	of the	new regi
1905	1825 NW CORPORATE BLVD 110				
New Registered Office Address: 1825	THE COMP	Enter Florida street addres	s		
ВОС	'A RATON	. Fl	orida <u>334</u>	31	
		City		Zip Co	de

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

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	DARRIS ALLEN	22413 SWORDFISH DR	
		BOCA RATON, FLORIDA 33428	≡ Remove
			Change
MGR	DEANISH SEERAM	4900 NW 48TH LN	■Add
		TAMARAC, FLORIDA 33319	□Remove
			☐ Change
			□Add
			Remove
			□ Change
			□ Add
			□Remove
			□ Change
<u></u>			
			Remove
			□Change
			□Add
			□Remove
			☐ Change

				· 		
				<u> </u>		
					· · · · · · · · · · · · · · · · · · ·	
	, .					
				· · · · · · · · · · · · · · · · · · ·		
				· .		
	*****					,
						
fan effectiv <u>Note:</u> 1f t	date, if other than the date is listed, the date in this list et al. I shall be date in this is effective date on the	must be specific and a s block does not m	cannot be prior to cet the applicabl			g.) Pursuant to 605 020
e record sp rd is filed.	occities a delayed effec	ctive date, but not :	un effective time	r. at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
	AY 15TH	_	2023			
Dated	L					

Filing Fee: \$25.00

Typed or printed name of signee