## 121000481583

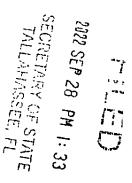
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200394740422

03/28/22--01007--021 \*\*25.00



cover letter. Florida Dept. Of State Division of corporations. My return adress is; Edan Gal 5345 SW 32nd Ave Fort lauderdate, FL 33312 phone number: (702) 542-9907 This filing is to remove my pame of from this LCC.

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Dro	Elch Sliding Name aftern	ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ea	lan Gal	
		Name of Person	<u> </u>
		Firm/Company	
	5345	SW 32 nd AV	е
	Fort	- Lauderdale.	FL 33312
	E-mail address: (	City/State and Zip Code  19al Quah co. Coto Belised for futuro annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Edan	Gal	at ( <u>702)</u> 542 - Area Code Daytim	-9907
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Protech Slidi	ng Door	Repair	LLC	<u>-</u>	
(Name of the Limite	A Florida Limited Liability	Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L2100481</u>	ability Company were (	iled on <u>NOV (1</u>	nber 8,6	2021 and as	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability co	ompany here:			
The new name must be distinguishable and contain the we	ords "Limited Liability Con	npany." the designation	on "LLC" or the a	bbreviation "L	L.C."
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREET	(ADDRESS)			. <u>.</u>	
				<del></del>	202
				CRETAKY L	33 G
Enter new mailing address, if applicable:				22	
(Mailing address MAY BE A POST OFFICE E	<u></u>			<del>- 33</del> 2	œ :
				m m m m m m	<u> </u>
B. If amending the registered agent and/or re	gistered office addres	s on our records	enter the nar	고를 ne of th <b>em</b> e	 ယ w registered
agent and/or the new registered office addres					
Name of New Registered Agent:	Mostre Rat	amim	Marcia	<u>no</u>	<del></del>
New Registered Office Address:	5369 SW 3	32 <sup>nd</sup> Ave Enier Florida stree	t address		
	Fort Laud	lerda le	, Florida	333\1	2
	Ci	ù.		Zip Code	
New Registered Agent's Signature if changing P	enictored Ament				

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, <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>	<u>Address</u>	Type of Action
MGR	Edan Gal	5369 SW 32nd Ave	
		Fort Lauderdale, FL 33312	<b>X</b> Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			Remove
			□Change

					······································		
	<u> </u>						
		· · · ·					
			. <del></del>				
	-			_			
					·		
					<u></u> .		
				<u>-</u>	•	•	
					<u> </u>		
		<del></del> _		<del> </del>	<del></del>		
effective date is list te: If the date ins	ther than the dat ted, the date must be erted in this block date on the Depar	specific and ca does not mee	nnot be prior to det t the applicable	ate of filing or mo	re than 90 days at		
cord specifies a d filled.	clayed effective da	te, but not an	effective time.	at 12:01 a.m. o	n the earlier of:	(b) The 90th day	after the
^	st /	<u> </u>	2022			_	
ed Hugu							
ned Augu	ne he	WWW inture of a more	jand	ed representative	of a member		_