

L23000096827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

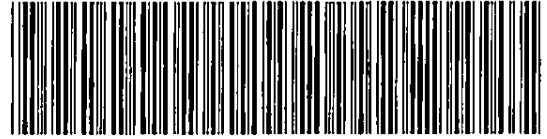
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700421491317

01/22/24--01012--003 **25.00

2024 JAN 22 PM 3:34
STATE
TALLAHASSEE, FL

FILED

KH
2/5/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & R Pocket and Patio Door Repair
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:

David Provenzano
Name of Person
A & R Pocket and Patio Door Repair
Firm/Company
9701 Oak Crest Road
Address
Orlando, FL 32829
City/State and Zip Code
arpocketandpatiodoor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Provenzano at (407) 739-3667
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

2024 JUN 22 PM 3:35
 RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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

A & R Pocket and Patio Door Repair

(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 February 22, 2023 and assigned Florida document number L23000096827.

This amendment is submitted to amend the following:

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

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:

9701 Oak Crest Road

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32829

Enter new mailing address, if applicable:

9701 Oak Crest Road

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32829

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:

David Provenzano

New Registered Office Address:

9701 Oak Crest Road

Enter Florida street address

Orlando

City

Florida 32829

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

FILED
2024 JAN 22 PM 3:35
STATE
OFFICE
TALLAHASSEE, FL

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	Troy Provenzano	4501 Misty Morn Circle	<input type="checkbox"/> Add
		Orlando, FL 32812	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
 7/13/22
 3:30
 STATE
 SECRET

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

Multiple horizontal lines for amending information.

2024 JAN 22 PM 3:05
FILED
STATE OF NEW YORK
DEPARTMENT OF STATE

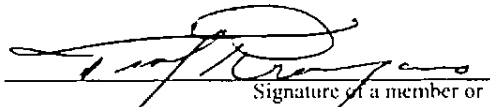
E. Effective date, if other than the date of filing: January 11, 2024 (optional)

(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 § 5.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used 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 January 11 2024



Signature of a member or authorized representative of a member

TROY PROVENZANO

Typed or printed name of signee