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## **COVER LETTER**

Div	ision of Corp	porations			
SUBJECT:	TOM'S GAI	RAGE DOOR SERIVICES LI	L.C		
		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		THAO N PHUNG			
			Name of Person		<del></del>
		TOMS GARAGE DOOR	SERVICES LLC		
			Firm/Company		
		15250 S TAMIAMI TRAI	L STE III		
			Address		<del>_</del> ·
		FORT MYERS, FL 33908			
		visiewert@yahoo.com	City/State and Zip Code	<u>-</u>	<u>-</u> _
		E-mail address: (	to be used for future annual re	port notification)	
For further in	iformation co	ncerning this matter, please ca	all:		
THAO N PHUNG			239 7381 at ()		
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	e following amount:			
<b>■</b> \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

TOM'S GARAGE DOOR SERIVICES 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 03/27/2023 and assigned Florida document number L23000154022 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TOMS GARAGE DOOR SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
<del></del>	<del></del>		
			Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00