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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: THE	CELEBR Name of Lim	174 LENTER ited Liability Company	LLC	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
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	JATIND	ER BHAN		
		Name of Person	رم <u>ا</u>	<u>~</u>
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		Firm/Company		 ::
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	1	Address		
	JACKSON	SVILLE, FL, ?	22X6 ==	#: 5 <u>T</u>
	270 - 1	City/State and Zip Code	1000	
	E-mail address: ()	to be used for future annual report notifi	ication)	
For further information con	ncerning this matter, please co	alf:		
TATINIDER	Pilan	904 955	- 1746	
Name of I	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
Z \$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	
<u>Mailing Address:</u> Registration Se		Street Address: Registration Sec	tion	
Division of Co		Division of Corp		
P.O. Box 6327		The Centre of Ta		
Tallahassee, Fi	. 52514	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CELEBRITY C	ENTER LL	, _		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recordity Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Company w	ere filed on April 13	15/2023 an	nd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	<u>v company here:</u>			
DOORS PLUS PROPERTY MANA The new name must be distinguishable and contain the words "Limited Liability	42MENT LUC Company," the designation "LL	C" or the abbreviati	on "L.1.	.C."
Enter new principal offices address, if applicable:		(0)	.2	
(Principal office address MUST BE A STREET ADDRESS)		255	();;; 	
		(T)	<u> </u>	• ‡
			င်္ပ	-3
Enter new mailing address, if applicable:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2	: 4 (
(Mailing address MAY BE A POST OFFICE BOX)		Pσ	-=-	
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B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Etwer Florida street addre	288	e new	registere
~~~~~~~~~	Cuv	lorida	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 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>	Address	Type of Action
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			□Remove
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ote: If th	e date inserted in t	n the date of filing the must be specific and this block does not to the Department of S	neet the applica		more than 90 day:			
record spe is filed.	ecifies a delayed ef	fective date, but no	t an effective tii	ne, at 12:01 a.m	, on the earlier	of: (b) The 9	0th day	after
ated 1	428/	2013				Ber	V	_
		Signature of a	member or autho	rized representati			 }	
						BHAN		