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		, ,
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA000000023
	Phone	: (954)208-0845
	Fax Number	: (614)573-3996
*Enter	the email address	for this business entity to be used for future
ann	ual report maili	ngs. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTEGRATED DOOR SYSTEMS, LLC

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To. , Page: 3 of 5 2023-09-19 14:06 20 CST 12122023573 From; David Thomas

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrated Door Systems, LLC		
(Name of the Limited Liability Compan (A Flerida Limited Li	<u>v as it naw appears on our recor</u> ability Comp <mark>any</mark>)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company v Fiorida document number <u>L23000205832</u>	vere filed on _04/26/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		F
		· .
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		,
		• • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	idress on our records, <u>enter</u>	r the name of the new registered
New Registered (Minds Address).	Enter Florida street addre	7.2:
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	erformance of my duties, a	nd I am familiar with and

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

From: David Thomas

MGR = Manager AMBR = Authorized Member

Ťc

<u>Titie</u>	Name	Address	Type of Action
AMBR	Lisa Spradling	1602 E. Alsobrook St. Plant City, FL 33563	
			□Remove
			□ Change
AMBR	Thomas Parrish	1602 E. Alsobrook St. Plant City, FL 33563	≥iAdd
			CRemove
AMBR	Robert Keefe	1602 E. Alsobrook St, Plant City, FL 33563	ki Add
			Okemove
			□ Change
AMBR	Ezperanza Patterson	1602 E. Alsobrook St. Plant City, FL 33563	🗷 Add
			iTRemove
			🗆 Change
			□Add
			🗆 Change
			UAdd
			Remove
			DChange

12122023573

, i an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing: (optional) ffective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 s.m. on the earlier of: (b). The 90th day after the filed.
Dates	1 <u>September 19th</u> 2023
	1901 M
	Signature of a member or authorized representative of a member
	Garrell Stetzer Garret Stetzer