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(Re	equestor's Name)	····
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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S. PRATHER

COVER LETTER

Divi	ision of Corp	orations			
SUBJECT:	Integrated De	por Systems, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	A-41-1				
THE CHOICE	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Hope Garland			
			Name of Person		
		Performance Door & Hard	ware Group, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		3710 W Royal Ln # 185			
			Address		···
		Irving, TX 75063			
			City/State and Zip Code		
		tax@pdhgroup.com			
		E-mail address: (to be used for future annual	report notification)	
For further in	formation cor	ncerning this matter, please of	all:		
Hope Garland	d		214 59	7-1721	
	Name of F	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
□ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mail	ling Address:		Street A	ddress:	

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

TO:

Registration Section

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

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

IGR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	Michael Dion	1602 E Alsobook St	
		Plant City, FL 33563	□Remove
			□Change
AMBR	AMBR Hope Garland	3710 W Royal Ln #185	≌Add
		Irving, TX 75063	□Remove
			□Change
			□Add
			DRemove
			DChange
		 -	□Add
			□Remove
		□Change	
			□Add
			□Remove
			☐ Change
			
			□Remove
			☐Change

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fective date, if other than the date of filing	! :		(optional)		
n effective date is listed, the date must be specific and te: If the date inserted in this block does not m	cannot be prior to date		00 days after filing.		
cument's effective date on the Department of St		itatory ming require	menes, this date	Will flot be fit	ncu a
	an effective time, at	12:01 a.m. on the ea	rlier of: (b) Th	e 90th day aft	
				-	<u> </u>
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is filed.	2024				
is filed.	2024				
is filed. ted November 20.	2024			· · ·	
// M//	2024 nember or authorized re	presentative of a men	iber	· · · · · · · · · · · · · · · · · · ·	2004 F. C. T. C. T. C. C.

Filing Fee: \$25.00