

(((H23000197310 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHERN DOOR SEVICE LLC

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COVER LETTER

(((H23000197310 3)))

Division of Co		:	i
SUBJECT.		N DOOR SEVICE LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	- , 	Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON TX, 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual rep	ort notification)
LOVETTE DOBSON			888-462-3453 Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &
Mailing Addres Registration 5	Section	_	on Section
Division of C P.O. Box 632	•		of Corporations e of Tallahassee
Tallahassee, l			Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H23000197310 3)))

SOUTHERN DOOR SEV	ICE LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability)	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	led on05/08/2023	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
SOUTHERN DOOR SERVICE LLC		
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the a	bbreviation "L.L.C."
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)		
	Sw.	
B. If amending the registered agent and/or registered office address	on our records, enter the nan	ne of the new registered
agent and/or the new registered office address here:		. 1
		ယ
Name of New Registered Agent:		
New Registered Office Address:	<u>-</u>	
	Enter Florida street address 🥏 💍	بيب
	, Florida 🤄	39
Cuy		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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000197310 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
			□Add
			□Remove
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tive date, if other than the date of filing:) Puisuum to 605,03 will not be listed
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) - TI iled.	e 90th day after th
May 31st 2023	
Revolule Johnston Signature of a member or authorized representative of a member	