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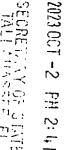
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TO: Registration Division of C		· · · · · · · · · · · · · · · · · · ·		٠		
	levator Maintenance and Repair,	LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Alexandra Eichner, Esq./K	Latie Folden		_		
		Name of Person		_		
	The Markarian Group			C	2	
		Firm/Company		걸	923 I	
	2925 PGA Blvd., Suite 20-	4		ZET.	2023 OCT -2	٠.
		Address		- 항송	-2	-4
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	davidg@forbusinessandlife	City/State and Zip Code		- 产語	2: 41	
	E-mail address: (	to be used for future annual report notifica	tion)			
For further information	n concerning this matter, please c	all:				
Katie Folden		561 626-4700 at ()				
Name	e of Person	Area Code Daytime T	elephone Numbe	ег		
Enclosed is a check for	r the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stati		
Mailing Addi Registration	n Section	Street Address: Registration Section				
Division of P.O. Box 6	Corporations	Division of Corpo The Centre of Tal				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Elevator Maintenance and Repair, 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 July 3, 2023 and assigned Florida document number \_\_\_\_\_L23000315178 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) 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 , Florida City

## 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 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

Title	<u>Name</u>	Address	Type of Action
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		Bonita Springs, FL 34135	□Remove
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Filing Fee: \$25.00