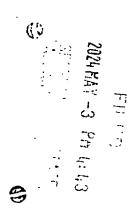


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





05/03/24--01024--013 #25.00



COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of	on Section f Corporations				
	Sliding Glass Door Repair LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.			
Please return all cor	respondence concerning this matter	to the following:			
	Lawrence Raigrodski				
		Name of Person			
	Raigrodski Financial Serv	ices LLC			
		Firm/Company			
	5 Farm Haven Ct				
		Address			
	Rockville, Md. 20852				
		City/State and Zip Code			
	Imrcpa57@gmail.com	(to be used for future annual report not			
For further informat	tion concerning this matter, please c		(Aleanion)		
Lawrence Raigrods	ki	301 230-2385			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check	for the following amount:				
■ \$25.00 Filing F	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
_	ion Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Star Stiding Glass Door Repair LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/08/24</u>	and assigned
Florida document number L24000165410		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
5 Star Sliding Door Repair LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		:< <u>T</u>
Enter new mailing address, if applicable:		. ω -
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	9	-
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:	- 	
New Registered Office Address:	Enter Florida street address	
	Enter Provida sireet daaress	
	, Flori	daZip Code
	c_{iiy}	ър Coae

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.

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Effective date, if other than to fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and ca block does not mee	nnot be prior to d et the applicable	ate of filing or more	than 90 days after fil	ling.) Pursuant to 60	5.0207 (3)(b) ted as the
	ive date, but not an	effective time.			-	
e record specifies a delayed effect d is filed.						
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