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AS/AS/A4-01020--016 *#25.00



COVER LETTER

Division of Corp	porations		
SUBJECT: From	+ Doors C	apital Group, I	LC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
•	0	C	
	- Phyllis	D. Way Name of Person	
	tront Vo	ors Consulting	LLC
	390 Pa	dova Way	
		Address	
	North Ve	MILL FL 342 City/State and Zip Code	.75
	t mail address: (t	Ope used for future annual report noti	DM - Reg. Agent
For further information co	oncerning this matter, please ca	all:	
Phyllis I Name of	Person J	at (<u>305) 972</u> Area Code Daytim	-544/ e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Front Doors Capital C (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2400178551}{L}$.	were filed on April 16, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile. To the new name must be distinguishable and contain the words "Limited Liabile." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2 (3)
New Registered Office Address:	Enter Florida street addres
	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□ Add
			Remove
			□Change
			□Remove
			□Change
	<u></u>		
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
 			
		·*	□Remove
			□ Change

==	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	(optional) Cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
ecor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ited	April 29 2024
	Signature of a member or authorized representative of a member
	Phyll, 3 D. Way When the printed name of signee

Filing Fee: \$25.00