## Lay 1900 ay 662

(Requestor's Name)	
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(Document Number)	
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## **COVER LETTER**

TO: Registration S Division of Co			
	OOR COMPANY		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KATHY WOOTTON		
		Name of Person	
	PRISM DOOR COMPAN	ΙΥ	
		Firm/Company	······································
	511 ENDERBY ROAD		
		Address	·····
	CHULUOTA FL 32766		
	<del> </del>	City/State and Zip Code	<del></del>
	Kwoot10378@aol.com		<del>y </del>
For further information	concerning this matter, please c	(to be used for future annual report noti	псацоп)
	concerning this matter, prease e		
Kathy Wootton		407 383-6411 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of (		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2024, "" 19 F" 5- 20

PRISM DOOR COMPANY LLC		2029 CT 19 FT 5: 29
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 5/29/2024	and assigned
Florida document number L24000246662	- <del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or register		iter the name of the new register
agent and/or the new registered office address here	•	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street a	
	r.nier r iorida street di	шгез
	City	, Florida
	Cuy	z.ip 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.

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Kathy Wootton	1820 HARRELL ROAD	□Add
		ORLANDO FL 32817	■Remove
			□Change
AMBR	ROBERT WOOTTON	1820 HARRELL ROAD	
		ORLANDO FL 32817	□Remove
			□ Remove
			□Change
<del></del>			□Add
		□ Remove	
			□ Change
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			□Add
		□ Remove	
			□Change

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an effective 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.  record 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 d is filed.	<del> </del>		
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Signature of a member or authorized representative of a member		-16	
Signature of a member or authorized representative of a member	ated		
	7- Pated	12 ce	

Filing Fee: \$25.06