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9/16/24

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
suвјест: <u>Ве</u> а	chside Gaca Name of Lim	<u>c e Door Service</u> iled Liability Company	and Repairs LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brad	ST. Martin Name of Person	
	Beachside	First/Company	
	_555 W7	9 th place Address	
		C1. 33014 City/State and Zip Code	
	5+martinber E-mail address: (	to be used for future innual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Brad 5.	T. Mactin f Person	at ( <u>904</u> ) <u>903</u> - Area Code Daytim	9707 e Telephone Number
Enclosed is a check for the	ne 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 Address		Street Address:	ar S
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 632	=	The Centre of T	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beach side Garage door Service and repairs 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 Com	pany were filed on	1/26/2024	and assigned
Florida document number <u>८ २४००० ७ ३३०५३</u> .	<b></b>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our re	cords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
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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>	<u>Address</u>	Type of Action
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Effective date, if other than the date of filing:	filing.) Pursuant to	
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