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(Address)	
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(City/State/Zip/Phone #)	
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Tallahassee, FL 32314

TO:

	Registration Section Division of Corporations			
SUBJECT: SUBJECT: Name of Lin			_C	
			ited Liability Company	
The enclosed	d Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		AVIRAM DAYAN		
			Name of Person	
		SMURFS SLIDING DOO	OR REPAIR LLC	
			Firm/Company	
		6120 REESE RD APT #	405	
			Address	
		DAVIE FL 33314		
			City/State and Zip Code	
		landsman_yelena@yaho		
			to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Yelena Lar	ndsman Feig	gin	305 9886658	
	Name of	f Person		Telephone Number
Enclosed is:	a check for th	ne following amount:		
■ \$25.00 I	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)
	iling Addres		Street Address:	
Registration Section			Registration Sec Division of Corp	
Division of Corporations P.O. Box 6327		-	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMURFS SLIDING DOOR REPAIR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	, Flo	Orida Zip Code
New Registered Office Address:	Enter Florida street address	s
Name of New Registered Agent:		
 If amending the registered agent and/or registered of agent and/or the new registered office address here: 	office address on our records, <u>enter</u>	the name of the new regis
		37
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Enter new mailing address, if applicable:		
		18.0
Principal office address MUST BE A STREET ADDRE.	<u> </u>	
Enter new principal offices address, if applicable:	-	233
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LEC"	or the abbreviation "L.L.C."
WE ARE SLIDING DOOR REPAIR LLC	111170 o	W 4 11 22 W 1 C W
A. If amending name, enter the new name of the limite	d liability company here:	
This amendment is submitted to amend the following:		
Florida document number L24000352576	,	
The Articles of Organization for this Limited Liability Con	npany were filed on 00/12/2024	and assigned
	09/12/2024	

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
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove

E. Effective date, if other than the date of filing: (optional) (If 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 (3); Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed.			
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08/18/2024 	······································
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
AVIRAM DAYAN	
	Typed or printed name of signee

Filing Fee: \$25.00