124000352576

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

Office Use Only



500438746065

11/01/24--01010--014 **30.00

PILED

2024 NOV -1 AM 8: 12

COVER LETTER

TO:	Registration Sec Division of Corp			
CUB ID		LIDING DOOR REPAIR LL	C	
SUBJEC	UT:	Name of Limi	ted Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		YELENA LANDSMAN F	EIGIN	
			Name of Person	
			Firm/Company	
		6120 REESE RD APT 4	05	
			Address	
		DAVIE, FL 33314		
			City/State and Zip Code	
		landsman_yelena@yaho E-mail address: (o.com to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca		
YELEN	NA LANDSMAN	FEIGIN	305 9886658	
<u></u>	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Second Division of Control The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE ARE SLIDING DOOR REPAIR LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Clorida document number <u>L24000352576</u> .	were filed on <u>08/12/2024</u>		and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:	101 NE 3RD AVE	$\sum_{i=1}^{n} c_i$	201
Principal office address MUST BE A STREET ADDRESS)	SUIT #1500	E :	35
Principal Office address MOST BE A STREET ADDRESS	FORT LAUDERDALE, FL 33301	H A	. A0
Satura and dropes if anning ables		SEE, E	A
_		02	8.
		DE A	N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	Om A	H 8: 12
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	_	
	, Florida	٠	
	City		Zip Code
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
P	DAYAN, AVIRAM	6120 REESE ROAD DAVIE FL 33314	□Add
			•Remove
			□Change
P	FEIGIN, ARTUM	6120 REESE RD APT 405 DAVIE, FL 33314	■Add
			Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

TALL B	
Tèlle.	
TALL A	
TALL A	
יאַנר אַ	
TALL A	
The state of the s	
	2004 4
	<u> </u>
	<u> </u>
	至广
LORI	æ
Dm P	2

Filing Fee: \$25.00