L24000391da2

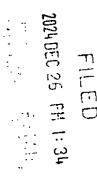
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
definited dopies
Special Instructions to Filing Officer:
J. HORNE DEL 27 2024
2 7 7124
DEC 21 202

Office Use Only



000441599520

12/27/24--01001--016 **25.00



2024 DEC 26 PH 2:51

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	UP: MISTY 12/26	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	LLC AMEND	
1.	SIS GARAGE DOOR REP		
2.	(CORPORATE NAME AND DOCU	MENT #)	
3.	(CORPORATE NAME AND DOCU	IMENT #)	
4.	(CORPORATE NAME AND DOCU	IMENT #)	
5.	(CORPORATE NAME AND DOCU	JMENT #)	
6.			
SPECIAI	CORPORATE NAME AND DOCU LINSTRUCTIONS:	MENT #)	
			<u> </u>

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		GE DOOR REPAIR LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company d fee(s) are submitted for filing. ining this matter to the following: LER Name of Person CES USA LLC Firm/Company B HILL RD STE 445 Address ION, FL 33322 City/State and Zip Code ESUSA@GMAIL.COM E-mail address: (to be used for future annual report notification) matter, please call: at { 786	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		MIRIT ZELLER		
		-	Name of Person	
		DP SERVICES USA LLC		
			Firm/Company	
		1856 N NOB HILL RD ST	E 445	
			Address	
		PLANTATION, FL 33322		
			City/State and Zip Code	
		DPSERVICESUSA@GMA		
		E-mail address: (to be used for future annual report not	ification)
For further	er information c	oncerning this matter, please co	all;	
MIRIT				
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S		Registration Sc	
	Division of C	-		
	P.O. Box 632 Tallahassee, I			t ananassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 DEC 25 PH 1: 31

SISI GARAGE DOOR REPAIR 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 $\frac{09/1}{}$	0/2024 and assigned
Florida document number L24000396122		
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 des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3080 TAMIAMI	TRAIL E #302
(Principal office address MUST BE A STREET ADDRES	NAPLES, FL 341	12
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3080 TAMIAMI NAPLES, FL 341	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address: 3080 TAM	MAMI TRAIL E #302	
	Enter Florie	la street address
NAPLES		, Florida 34112
	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.

Yehuda Lasri

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
AMBR	LASRI, YEHUDA	3080 TAMIAMI TRAIL E #302	□ Add
		NAPLES, FL 34112	□Remove
			■Change
			🗆 Add
			Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		 	□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

				_ _
				_
	 .			
<u> </u>				
				
		<u></u>		
ffective date, if other than the an effective date is listed, the date must sote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior ock does not meet the applica	able statutory filing requir	(optional) 90 days after filing) Pursuant rements, this date will not be	to 605.0207 (be listed as t
record specifies a delayed effective I is filed.			arlier of: (b) The 90th day	y after the
	2024			
Pated 12/26	,	— ·		
12/26	Yehuu Signature of a member or author	da Lasri		

Filing Fee: \$25.00