Mr1000010857

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Contillation of Charles
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



200408489372

RECEIVED

NO HAY 12 PM 9: 20

SECREPS OF STATE

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 05/12/23 Order #: 1214313-2

Re: Steel Door Depot.Com, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25,00 - FL State Account Number:

12000000195 Authorization:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2023

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: STEEL DOOR DEPOT.COM, LLC

Ref. Number: M17000010857

We have received your document for STEEL DOOR DEPOT.COM, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

In the Title/Capacity the title information is cut off.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 723A00011036



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on	the records of the Florida	Department of		
State: STEEL DOOR DEPOT.COM, LLC				
Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u>		_
——			<i>!!</i>	797
				29/3 KAT
Enter new mailing address, if applicable:				
(Mailing address	-	· · · · ·	552	~
MAY BE A POST OFFICE BOX)		·	- (S)	- -
<u></u>		<u></u>	_ <u>turv</u> [4] 11	ھ ي
2. The Florida document number of this limited liability	company is: M1700001	0857	FEE	. 00
3. Jurisdiction of its organization: GA				
4. Date authorized to do business in Florida: 12/22/20	17			_
SECTION II (5-9 complete only the applicable chan	ges)			
5. New name of the limited liability company:	_			
(must cont	tain "Limited Liability Co	mpany, " "L.L.C.,	or "LLC"	.")
40				_
(If name unavailable, enter alternate name adopted for t copy of the written consent of the managers or managin must contain "Limited Liability Company," "L.L.C." or	g members adopting the a	business in Florida liternate name. The	and attach alternate i	name
6. If amending the registered agent and/or registered off registered agent and/or the new registered office address	icer address on our record	ls, enter the name of	of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floria	la Street Address		-
		, Florida		_
	City	Zı	p Code	
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent and he provisions of all statutes relative to the proper and c and accept the obligations of my position as registered a document is being filed to merely reflect a change in the iability company has been notified in writing of this cha	l agree to act in this capac complete performance of n agent as provided for in C registered office address	ny duties, and I am Thanter 605 FS C	t familiar w dr. if this	vith
	5			

Title/ Capacity	<u>Name</u>	Address	Type of Action	
uthorized Person	STEPHANIE BENEFIELD 135 Janus International Blvd		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		Temple GA 30179	≅ Removc	
uthorized Person A	ANSELM WONG	135 Janus International Blvd	∃ Add	
		Temple GA 30179	□Remove	
			□Add	
			□Remove	
			□Add	
			□Remove	
aforemention	under the law of which this entity is org	by the official having custody of records ganized.	☐Remove in the 2023 HAY 12	
	Signature o	f the authorized representative		