

## Florida Department of State

Division of  
Electronic Filings

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000245990 3)))



H200002459903ABC+

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BRIDGEWELL INTERIORS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

2020 JUL 27 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 27 AM 10:48

FILED

**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: Bridgewell Interiors LLC

Enter new principal office address, if applicable: 3985 70th Ave E, Suite A

**Fife, WA 98424**

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Fife, WA 98424

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000010999

3. Jurisdiction of its organization: Oregon

4. Date authorized to do business in Florida: 12/06/2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Titan Door LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida Street Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

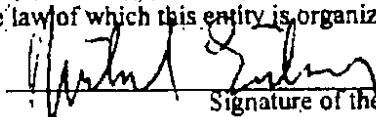
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

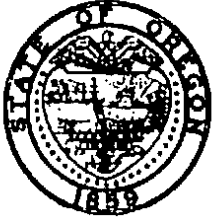
9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Michael Eidson

Typed or printed name of signee

Filing Fee: \$25.00



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503) 988-2200  
FAX: (503) 378-4381  
sos.oregon.gov/business

**REGISTRY NUMBER: 109439596**  
**TYPE: DOMESTIC LIMITED LIABILITY COMPANY**

**Next Renewal Date: 3/10/2021**

TITAN DOOR LLC  
3985 70TH AVE E STE A  
FIFE, WA 98424

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

**DOCUMENT**  
ARTICLES OF AMENDMENT

**FILED ON**  
7/13/2020

**STATUS**  
ACTIVE

**NAME**  
TITAN DOOR LLC

**JURISDICTION**  
OREGON

**PRINCIPAL PLACE OF BUSINESS**  
3985 70TH AVE E SUITE A  
FIFE, WA 98424

**REGISTERED AGENT**  
CAPITOL CORPORATE SERVICES, INC.  
698 12TH ST SE STE 200  
SALEM, OR 97301

**MAILING ADDRESS**  
3985 70TH AVE E STE A  
FIFE, WA 98424

**MEMBER**  
TITAN LLC  
3985 70TH AVE E STE A  
FIFE, WA 98424

JEAGOL  
ACK - AMDART  
07/13/2020



## Articles of Amendment/Dissolution - Limited Liability Company

Secretary of State - Corporation Division - 285 Capital Bld, MS, Suite 101 - Salem

☒ ARTICLES OF AMENDMENT (Completes only 1, 2, 3, 4, 5, 6)☐ ARTICLES OF DISSOLUTION (Completes 6, 7, 8)REGISTRY NUMBER: 1094395-96FILED: JUL 13, 2020  
OREGON SECRETARY OF STATE

109439596-21258560

TITAN DOOR LLC

AMDART

FOR OFFICE USE ONLY

In accordance with Oregon Revised Statute 182.490-182.493, the information on this application is public. We must release this information to all parties upon request and it will be posted on our website.  
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

## ARTICLES OF AMENDMENT ONLY

1. ENTITY NAME: BRIDGEWELL INTERIORS LLC

2. THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth the article(s) as it is amended to read.)

Article 1. The name of corporation is Titan Door LLC

3. PLEASE CHECK THE APPROPRIATE STATEMENT:

☐ This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: \_\_\_\_\_

☒ This amendment(s) was approved by the members. 100 percent of the members approved the amendment(s).Date of adoption of each amendment: 06/30/2020

4. PRINCIPAL PLACE OF BUSINESS (Physical Street Address)

3985 70th Ave E, Suite AFive, WA 98424

5. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address)

List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

Monica VanWagoner3985 70th Ave E, Suite AFive, WA 98424

## ARTICLES OF DISSOLUTION ONLY

6. NAME OF LIMITED LIABILITY COMPANY: \_\_\_\_\_

7. DATE DISSOLUTION OCCURRED: \_\_\_\_\_

Future date not allowed.

8. EXECUTION: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Michael Eldson

Title: \_\_\_\_\_

VP Finance

CONTACT NAME: (To resolve questions with this filing)

Michael Eldson

PHONE NUMBER: (Include area code)

(253)229-0721

## FEES

Required Processing Fee \$100

Processing Fees are non-refundable. Please make check payable to "Corporation Division".

Free copies are available at [www.oregon.gov/business](http://www.oregon.gov/business) using the Business Name Search program.