

m24000002520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

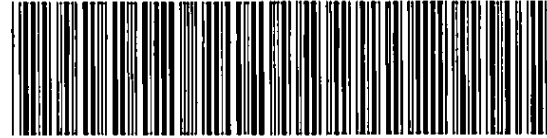
(Document Number)

Certified Copies _____

Certificates of Status _____

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2024 OCT 11 PM 1:04

SECRETARY OF STATE
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TALLAHASSEE, FL 32301

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TALLAHASSEE, FL 32301

**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: Reliable Doors Jacksonville, LLC

Enter new principal office address, if applicable: 6676 COLUMBIA PARK DRIVE SOUTH

(Principal office address

MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32258

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

13737 AUTOMOBILE BLVD.

CLEARWATER, FL 33762

2. The Florida document number of this limited liability company is: M24000002520

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/26/2024

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

5. New name of the limited liability company: _____
(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:

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.

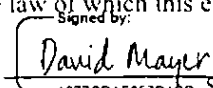
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	David Mayer	13737 AUTOMOBILE BLVD.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33762	<input type="checkbox"/> Remove
COO	Michael Graves	13737 AUTOMOBILE BLVD.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33762	<input type="checkbox"/> Remove
P	Carlos Morales	13737 AUTOMOBILE BLVD.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33762	<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.

Signed by:

 1677CDAF657D4CD Signature of the authorized representative

David Mayer

 Typed or printed name of signee

Filing Fee: \$25.00