P170001008358

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(City/State/Zip/Phone #)
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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: MASTER LIFT G	ARAGE DOOR SERVICE	ES INC		
	BER: P17000100838				
	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	MIRTA AZAR				
		Name of Contact Perso			
	MIRTA AZAR INC		•		
	<u></u>	Firm/ Company	<u> </u>		
	4060 N HILLS DR, APT 27				
		Address			
	HOLLYWOOD, FL 33021				
		City/ State and Zip Cod	e		
	MAZAR1209@GMAIL.CO	vI			
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas				
MIRTA AZAR		at (239-8800	2024 SEC T/	
Name (of Contact Person	Area Co	de & Daytime Telephone Nun	nber FR \$	7
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	I 21 IARY AHAS	gran -
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	239-8800 de & Daytime Telephone Nun artment of State: □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	SECRETARY OF STATE TALLAHASSEE, FL	m
Amo Divi	ling Address endment Section sion of Corporations Box 6327	<u>Street</u> Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corp	poration as currently filed with the Florida Dept. of State)	
P17000100838		
1)	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
	The new	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	ord "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc," or "Co". A professional corporation name must contain the word abbreviation "P.A."	
B. Enter new principal office address, if appl. (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE ROY	
1.7411 1912 17 17 17 17 17 17 17 17 17 17 17 17 17		
If amending the registered agent and/or renew registered agent and/or the new registered.	egistered office address in Florida, enter the name of the tered office address:	mer q *
	(Florida street address) CRETARY OF	ا ــــ
Name of New Registered Agent	57 -	
	(Florida street address)	1
New Registered Office Address:	Florida TF	•
	(City) (Zip Eoder)	
	(City) (Zip Coder)	
New Registered Agent's Signature, if changing	a Danistand Aganti	
	g Registered Agent. Lent.—Lam familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	OSHRI AZRAN	341 Jacaranda Dr
XAdd			Plantation FL 33324
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			SECORETA 21
4) Change		_	22
Add			RY OF STAT
Remove			EES
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

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The date of each amendment(s) adoptidate this document was signed.	on:		, if other than the
Effective date if applicable:			
- And	(no more than 90 da	ys after amendment file de	ute)
Note: If the date inserted in this block document's effective date on the Departr		e statutory filing requirem	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or boar	d of directors without shar	cholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie		mber of votes cast for the	amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes east for th	e amendment(s) was/were si	ifficient for approval	
by	<u>-</u>		
	(voting group)		
June 12, 2024 Dated		_	
Signature	Linan Bracha		2024 SEL
	r, president or other officer – in incorporator – if in the hai		re not been PR 5 T
	luciary by that fiduciary)	,	N 21 TARY
L.iran	Bracha		re not been or other court LAHASS
	(Typed or printed name	e of person signing)	m - ()
PRES	SIDENT		1: 49 STAT E, FL

(Title of person signing)