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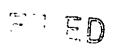
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: LOCAL GARAGE	DOORS JAX INC				
DOCUMENT NUMBE						
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this mat	ter to the following:				
Λ	VIRAN FAOR					
_		Name of Contact Persor	1			
i.	LOCAL GARAGE DOORS JAX INC					
-						
5.	Firm/ Company 5206 E 131ST AVE.					
_	Address					
Т	TEMPLE TERRACE, FL 33617					
		City/ State and Zip Code	2			
FAORA	AVIRAN@GMAIL.COM					
	_	ed for future annual report	notification)			
			,			
For further information of	concerning this matter, pleas	e call:				
AVIRAN FAOR		at (<u>813</u>	536-9333			
Name of	Contact Person	at (Area Co	de & Daytime Telephone Number			
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



LOCAL GARAGE DOORS JAX INC

/NL CO :	a character in a co. Asiy siin no
	as currently filed with the Florida Dept. of State 19 AH 30 AH 8:
19000050321	
(Documer	nt Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corp	poration:
OCAL GARAGE DOOR SERVICES INC	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	5206 E 131ST AVE
Principal office address MUST BE A STREET ADDR.	ESS) TEMPLE TERRACE, FL 33617
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5206 E 131ST AVE
	TEMPLE TERRACE, FL 33617
. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address: 5206 E 131ST	AVE. TEMPLE TERRACE , Florida 33617
New Negistered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	(Ciţy) (2.ip Code)
Signati	ure 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:

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

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.

Example: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	AVIRAN FAOR	5206 E 131ST AVE
Add			TEMPLE TERRACE, FL 33617
Remove			
2) Change			
Add			-
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	ding or adding additional additional sheets, if necessor	ry). (Be specific)				
						
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		<u> </u>				
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_						
r <u>an an</u> provisi	nendment provides for an ions for implementing the	amendment if not	ication, or cance contained in the	amendment itself	<u>snares,</u> f:	
(if	not applicable, indicate N	(4)	<u>-</u>		_	
					-	
		···				
			· · · · · · · · · · · · · · · · · · ·	.		
						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/28/19	
Signature /) '// C	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
AVITAN FAOT (Typed or printed name of person signing)	.
(Typed of printed frame of person signing)	
PRESPRES	
(Title of nerson signing)	