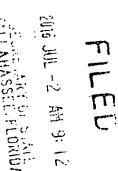
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



07/02/18--01035--021 *#25.00



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COVER LETTER

то:	Registration Sec Division of Corp			
		REEN REPAIR, LLC		
SUBJF	CI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
	·	WINFRED SANCHEZ		
			Name of Person	,
			Firm/Company	
		1244 COURTLAND BLV	/D	
			Address	
		DELTONA, FL 32738		
			City/State and Zip Code	
		fredscreenrepairs@gmail	.com to be used for future annual report notifi	catual
				Carony
For tur	ther information co	oncerning this matter, please ca	aii:	
WINE	RED SANCHEZ		386 479-4282 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRED'S SCREEN GUY, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on JUNE, 2018	and assigned
Florida document number L18000151781	·	
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the	limited liability company here:	
FRED SCREEN REPAIR, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		23 69
B. If amending the registered agent and/or re	egistered office address on our records, ente	
registered agent and/or the new registered office a	address here:	
		Torri I
Name of New Registered Agent:		S 2
		TELORID
New Registered Office Address:	Enter Florida street address	
	Tank To the Month Con	7.63
<u></u>	, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u>Title</u>	Authorized Member Name	<u>Address</u>	Type of Action
			☐ Remove
			☐ Change
			Add
		-	Remove
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			Remove
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			Addell Jellove Chaffie 9
			Change Change C
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					UDRID LORID	
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					4. 1)	
Effective date, if other than If an effective date is listed, the dat	e must be specific a	ind cannot be prior	to date of filing or	more than 90 days a	ptional) after filing.) Pursuant to 605	5,0207 (
Note: If the date inserted in the document's effective date on t	is block does not he Department of	t meet the applicated f f State's records.	able statutory fi	ing requirements.	this date will not be list	ed as t
he record specifies a del The 90th day after the	eyed effective record is filed	date, but no d.	t an effective	time, at 12:0	1 a.m. on the earli	er of:
Dated		2018				
Dated						
	<u> </u>	lace	, _	ve of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00