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NAME:

SOUTHERN SCREEN, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Southern Streen Lic Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tanela L Chrysbell Name of Person	
Southern Screen Repair, we Firm/Company	
682 Venson Court Address	
Deltone, Fla 32738 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) 782-7023 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Solon Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern So	reen uc.	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number 405000013117	were filed on <u>2/08/2006</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		့်
		다음 <u>다</u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the r	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street address	
	, Florida	
	Cay	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	:	Type of Action
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				_ □Remove
				_ 🗆 Change
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ffective date, if other	er than the date of fill	ino:		(optional)	
an effective date is listed	, the date must be specific a ed in this block does no	and cannot be prior to da	te of filing or more than s	0 days after filing.)	Pursuant to 605.02
ocument's effective da	ate on the Department o	f State's records.	,9 4		
record specifies a dela is filed.	yed effective date, but n	ot an effective time, a	at 12:01 a.m. on the ea	urlier of: (b) The	90th day after th
ated <u>Mai</u>	124	<u>, 2024</u> .			
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