

L09000023854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05/11/09--01007--005 \*\*30.00

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C. LEWIS  
MAY 12 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AWNING DOCTOR LLC  
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:

CARL SEWELL

Name of Person

AWNING DOCTOR LLC

Firm/Company

928 28TH STREET

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

SEWELL.CARL@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL SEWELL

Name of Person

at (561) 695-3528

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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:

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**

FILED

2009 MAY 11 AM 10:36

SECRETARY OF STATE  
~~TALLAHASSEE, FLORIDA~~

AWNINg DOCTOR LLC

**(Name of the Limited Liability Company as it now appears on our records)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/11/2009 and assigned Florida document number L09000023854.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CS SCREENS & MORE LLC

The new name must be distinguishable and end with 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 ADDRESS)**

N/A

**Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

✓ ✓ ✓

**B. If amending the registered agent and/or registered office 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:**

2/1

**New Registered Office Address:**

*Enter Florida street address*

**City** \_\_\_\_\_, **Florida** \_\_\_\_\_ **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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

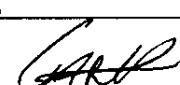
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 7, 2009

  
Signature of a member or authorized representative of a member

Carl Sewell

Typed or printed name of signee

2009 MAY 11 AM# 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED