L10000094978

(Requestor's Name)				
(Ad	dress)			
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SECRETARY OF STATE STORY OF CORPORATIONS
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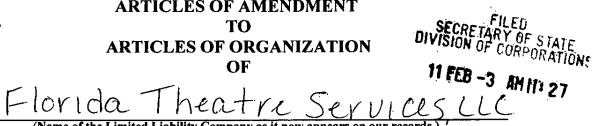
COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations					
SUBJECT:	Florida Th	eatre Services LLC			
	Name of Lin	Name of Limited Liability Company			
The enclosed Artic	cles of Amendment and fee(s) are so	ubmitted for filing.			
Please return all co	orrespondence concerning this matt	er to the following:			
		David G Zylstra			
		Name of Person			
	Flor	rida Theatre Services LLC			
		Firm/Company			
	22	222 Stowevalley DR. SE			
		Address	•		
		Kentwood, MI 49508			
		City/State and Zip Code			
	david E-mail address:	d@natlscreencleaning.con (to be used for future annual report no	n otification)		
For further inform	ation concerning this matter, please	call:			
	David G Zylstra	at (941)	224-2869		
1	Name of Person	Area Code & Day	time Telephone Number		
Enclosed is a chec	k for the following amount:				
\$25.00 Filing I	Fee \$\sum \\$30.00 \text{ Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS:		IRIER ADDRESS:		
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Cor Clifton Building	porations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



(Name of the Limited L (A F	Nability Company as it now appears on our records.		
The Articles of Organization for this Limited Liab Florida document numberL100000949	bility Company were filed on September 10, 2010 and assigned 278		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
Na	atl Screen Cleaning LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbrevia		
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	OX)		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the nece address here:		
New Registered Office Address: Enter Florida street address			
	, 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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OF CORPORATE 2
Dated	Signature of a membe	or or authorized representative of a member	- 7 IONS
	David	G ZYIStra I or printed name of signee	

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Filing Fee: \$25.00