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COVER LETTER

TO:

Registration Section Division of Corporations

SCREEN	REPAIR OF NAPLES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	TIMOTHY A. BOWEN II		
		Name of Person	
	SCREEN REPAIR OF N	APLES LLC	
	<u> </u>	Firm/Company	·
	2860 WILSON BLVD N		
		Address	
	NAPLES, FL 34120		
		City/State and Zip Code	
	SCREENREPAIROFSWI	-	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
TIMOTHY A. BOWEN II		239 450-1360	
Name	of Person	at () Area Code Daytimo	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCREEN REPAIR OF NAPLES 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 12/09/2011 Florida document number L11000138643 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SCREEN REPAIR OF SWELLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address Florida

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, 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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tive date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6	605.020 ⁻
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I	listed as
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
filed.	
2020	
JANUARY 22ND 2020	
Signature of a member or authorized representative of a member	
La Bowen U	_
Signature of a member or authorized representative of a member	
TIMOTHY A. BOWEN II	
Typed or printed name of signee	

Filing Fee: \$25.00