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(Cit	ty/State/Zip/Phone #	Ð
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COVER LETTER

TO:

	Registration Se Division of Cor			
our ID				
SORTE	.l:	Name of Lim	ited Liability Company	
The encl	DENNIS LOUGHREN AFFORDABLE RESCREENING LLC Firm/Company			
Please re	Name of Person AFFORDABLE RESCREENING LLC Firm/Company 2425 LIMEDALE RD Address LAKELAND, FL 33809 City/State and Zip Code AFFORDABLERESCREENING@LIVE.COM E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: ENNIS LOUGHREN 813 7161389 at (
		DENNIS LOUGHREN		
			Name of Person	
		AFFORDABLE RESCRE	ENING LLC	
			Firm/Company	
		2425 LIMEDALE RD		
			Address	
		LAKELAND, FL 33809		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	concerning this matter, please c	all:	
DENNIS	S LOUGHREN			
·	Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25.	00 Filing Fee		Certified Copy	Certificate of Status &
	Mailing Address		Street Address:	votion
	Registration : Division of C		Registration Se Division of Co	
	P.O. Box 632	27	The Centre of T	Γallahassee
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)		
The Articles of Organization for this Limited Florida document number L12000050654	Liability Compar	ny were filed on $\frac{04/13/2}{1}$	2012	and ass	signed
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company here:			
AFFORDABLE SCREENING, LLC					
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the design	nation "LLC" or the a	bbreviation "L	L.C."
Enter new principal offices address, if appl	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
		N/A	 .		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>				
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	e address on our recor	ds, <u>enter the nar</u>	ne of the nev	v registe
Name of New Registered Agent:	N/A		 	 	
New Registered Office Address:	N/A				
	N/A	Enter Florida s	treet address , Florida ^N	A H	
		City	, riorida	Zip Code	`` ;
New Registered Agent's Signature, if changing	Registered Agen	t:		. ; <u>⇔</u>	

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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fective date, if other than the date of filing:	605.0207 listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af is filed.	fter the
ted NOVEMBER 30 , 2022 ,	
4	
Signature of a member of authorized representative of a member	
DENNIS LOUGHREN	