L13000/64723

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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T. BROWN

COVER LETTER

го:	Registration Section
	Division of Corporation

SUBJECT

Screen MD 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:

Jennifer Temperton
Name of Person
Screen MD LLC
Firm/Company
11308 Bay Club Ct
Address
Tampa, FL 33607
City/State and Zip Code

jentemperton@yahoo.com

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

For further information concerning this matter, please call:

Jennifer Temperton

Name of Person

ູ 813、731-5370

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

ART		ORGANIZATI	UN	FI
· · · ·	(OF	14	LED
Conser MD 3 1 C			- Sen	JAN 14 PM 3: 12
Screen MD LLC	4.11.1.1114		/A/1.C/t	1 3. 13
(Name of the Limi	(A Florida Limite	pany as it now appears o d Liability Company)	n our records.)*****	lassistic St.
				FLORIE
The Articles of Organization for this Limited L	iability Compar	ny were filed on 11/2	25/2013	and assigned
Florida document number L13000164723				
Torida document name:	·			
This amendment is submitted to amend the fol	lowing:		•	
A If any and in many and and he many name of	£4ha limitad lia	kilitu aammanu hana		
A. If amending name, enter the new name of	or the illinited ha	idnity company here	i	
n/a				
The new name must be distinguishable and end with the	words "Limited Li	ability Company," the des	ignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a		
• • •				
(Principal office address MUST BE A STRE	EI ADDRESS)			
·.			•	
. •				
Enter new mailing address, if applicable:		n/a		· ·
(Mailing address MAY BE A POST OFFICE	(BOX)	· 50		
•				<u> </u>
B. If amending the registered agent and	Vor registered	office address on a	ur records ente	or the name of the nev
registered agent and/or the new registered of	· ·	· ·	ui recorus, <u>enu</u>	of the name of the nev
·				•
	n/a			
Name of New Registered Agent:	11/4			
New Registered Office Address:				
		Enter Florida	street address	
			, Florida	
		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 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

<u>Title</u>	Name	<u>Address</u>	Type of Actio
mgrm	Beau David	11308 Bay Club Ct	■ Add
	•	Tampa, FL 33607	□ Remove
			Remove
<u>.</u>			
· · · · · · · · · · · · · · · · · · ·			Remove
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` <u>n</u>	/a
·	
(The effec	tive date, if other than the date of filing:
Dated _	January 12 , 2014.
	Signature of a member or authorized representative of a member
	Jennifer Temperton
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00