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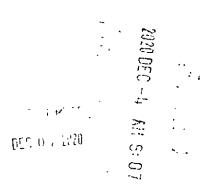
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		WALK IN
	PICI	K UP: 12/04/2020
	CERTIFIED COPY	
, XX	РНОТОСОРУ	
	CUS	
xx	FILING	LLC AMENDMENT
	BUG OUT SCREEN SOI	
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PECIAL STRUCT	ΠONS:	

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT: Bu	g Out Scree Name of Lin	n Solutions L nited Liability Company	LC_
The enclosed Articles of	Amendinent and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		her Scott Ho Name of Person	_
	Boss Ga	Vace Door & S	ocreen Solutions
•	264 Cars	Well Ave.	
	Holly H	City/State and Zip Code 6055 - QWAGE to be used for future annual report notinal:	7
	E-mail address: (i	DOSS - QWUGLO to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	nil:	
Scott H.		at (386) 212	-5777
Name o	r Perspin	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Bug Out Screpn	Solutions L	LC
(A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Completion of Complete Plorida document number <u>L1400005436</u>	pany were filed on $\frac{4/2}{t}$	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	ice 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:		c
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
New Registered Agent's Signature if changing Pagistarad Ag	Ciry	Zip Code
ACT INCENTELED AVEID A MODERNIER II CHANGING REDICTERAL ACT	41111	

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.

It 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
AMBR	Hooper Christopher Scott	Daytons 13ch, Fc. 32118	⊡Add
		Daytona 13ch, Fe 32118	EKcmove
			ZChange
AMBR	Hooper, Jimmy Bruce II	1328 Holly Ave.	□Add
		Holly Hill, FL 32117	□Remove
			Thange
			🗆 Add
			□Remove
			Change
			□Add
	,		©Remove
			🗆 Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated December 4 . 2020. Signature of a member or authorized representative of a member

Filing Fee: \$25.00