## L1500082500

(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		••	
SUBJE		st Rescreens LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		Alicia Hudgins		
			Name of Person	· · · · · · ·
		Lighting Fast Rescreens LI	LC	
		<u> </u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2745 50th Ave West #217		
			Address	
		Bradenton, FL 34207		
			City/State and Zip Code	
		aliciasellstampa@gmail.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please co	all:	
Alicia I	ludgins		813 802-4056 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
<b>\$</b> 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

ny as it now appears on our records.) Liability Company)	
were filed on <u>5-11-2015</u>	and assigned
ility company here:	
ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
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	ter the name of the ne
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Enter Florida street address	20 E E E E
g:	Zip Code
Enter Florida street address , Florida	2015 HAY  ACCORDANCE OF THE PROPERTY OF THE PR
	ility company here:  ity Company," the designation "LLC" or th

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		
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		<del></del>	☐ Change
		···	Add
			□ Remove
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		V-401-10-201	□ Remove

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Changing name due to spelling	error.	
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Note: If the date inserted in this blood locument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after the does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed a
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 rd is filed.	a.m. on the earlier
Dated May 13	, 2015	2015 MA
alieir	lignature of a member or authorized representative of a member	A SSEE
Alicia Hudgins		F S
	Typed or printed name of signee	<u> </u>

Page 3 of 3

Filing Fee: \$25.00