<u>U500084503</u>

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(Address)
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(City/State/Zip/Phone #)
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April 16, 2019

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COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: F, C	1, NOBLES S	SCREEN WRX	: UC
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FORKE	Name of Person SCAEEN Firm/Company	S
	F.C. NOB	Firm/Company	WX LIC
		2 JANT RO Address	
	forrestrode E-mail address: (1	City/State and Zip Code S D 3 2 1 1 COM to be used for future annual report notifie	cation)
For further information c	oncerning this matter, please ca		
FOLKEST C	* MBLES	at (350) 3H-	-6477 Telephone Number
		, men en e	, var
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURIE	:R ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

EFFECTIVE DAIL

ARTICLES OF AMENDMENT 27 PH 3:20 TO ARTICLES OF ORGANIZATION Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L1</u>5000084503 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 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:

	, Florida
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	

City

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

Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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			Add
			☐ Change
			Remove
			Change

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	, 16,
Faatius	date, if other than the date of filing: 04 25 19 (optional) ve 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 605.02
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the cord is filed.
	th day after the record is filed.
The 90	MARCH 17 2013.
The 90	March 17 2013
	MARCH 11 2013 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00