# LISOUDIO6036

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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### **COVER LETTER**

TO:		gistration Sec vision of Corp				
CHDI	IFCT.	We Screen				
SUD	JECT:		Name of Lim	nited Liability Company		_
The e	nclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	e returi	all correspon	dence concerning this matter	to the following:		
			Ian Fullford			
				Name of Person		
			We Screen			
				Firm/Company	-	<del></del>
			8232 Constance Dr.			
				Address		
			Sarasota, FL 34243	;		
			john@wescreensvtl	City/State and Zip Code		
For fu	ırther i	nformation coi	E-mail css: (	to be used for future annual i all:	report notification)	<del></del>
John	Hanch	er		941 330 at ( )	)-5067	
		Name of I	Person	Area Code	Daytime Telephone Nur	mber
Enclo	sed is a	a check for the	following amount:			
<b>■</b> \$2	25.00 I	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certi losed) Certi	O Filing Fee, ifficate of Status & iffed Copy ional 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

FILED

2015 AUG 21 PM 2: 24

## ARTICLES OF AMENDMENT TO SECRETA FALLAHAD OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

_ Wescreen	L.LC.
( <u>Name of the Limi</u>	ted Liability Company as it now as pears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number L15000106036	iability Company were filed on 6/17/2015 and assigned
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	r ne
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, enter the name of the new of the
Name of New Registered Agent:	Ian Fullford
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 Register: d 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:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	lan Fullford	2712 Hidden Lake Blvd	Add
		Sarasota, FL 34237 ap. A	□ Remove
			□ Change
			☐ Remove
			☐ Change
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			☐ Remove
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			Add
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	<del></del>
Effective date, if other than the date of filing:(	(optional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements	s after filing.) Pursuant to 605.0207 (3)(b)
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, at 12:	:01 a.m. on the earlier of:
The 90th day after the record is filed.	
Dated $8/19/2015$ 12:31PM	
Je Ju	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00