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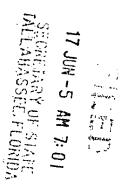
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COVER LETTER

	Registration Se Division of Cor			
CUDIEC	S.C. Newm	an Screen & Alum Repairs, LL	c	
SUBJEC	· I :	Name of Lim	ited Liability Company	
		Amendment and fee(s) are submitted and fee(s)		
		Scott Newman		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		S.C. Newman Screen & Al	um Repairs, LLC	
		<u></u>	Firm/Company	
		14224 Lazee LN.		
			Address	
		Dade City, FL 33525		
			City/State and Zip Code	
		SANDDFOREVER2001@Y	YAHOO.COM to be used for future annual report notific	ootion)
For furth	er information co	oncerning this matter, please ca	·	cation)
Scott Ne	wman		813 4176987 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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

S.C. Newman Screen & Alum Repairs, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/06/2016 and assigned Florida document number L16000108540 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 "L,L,C." 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: Scott C. Newman Name of New Registered Agent: 14224 Lazee LN New Registered Office Address: Enter Florida street address Dade City Florida 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

if Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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>	Name	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutor.	ng or more than 90 days after filing.) Pursuant to 605.02
iment's effective date on the Department of State's records.	y ming requirements, and date will not be instead
ecord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00