## 116000168609

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## **COVER LETTER**

Division of Cor			
ED SCREE SUBJECT:	N REPAIR LLC		
	Name of Lim	ited 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:	
	DI GIAMMARGO ELI		
	E),	Name of Person  Duy Duig	
	<del></del>	Firm Company	<del></del>
	1247 CAREY GLEN CIR.		
		Address	<del></del> _
	ORLANDO FLORIDA 32824		
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
			(Cation)
For further information c	oncerning this matter, please ca	all:	
DI GIAMMARGO ELI		407 9284604	
at () Name of Person Area Code Daytime Telephone Number		Telephone Number	
Enclosed is a check for th	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ED SCREEN REPAIR ALC		
(Name of the Limited Limited Limited (A Florida Limited)	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L-16000168609		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:		<u> </u>
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" (	or the abbreview on "L.C."
Enter new principal offices address, if applicable:		7 8
(Principal office address MUST BE A STREET ADDRESS)		
		<u></u>
		<b>5</b>
Enter new mailing address, if applicable:		<u>်ာ</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o		enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	ida
Non-Bagistarad Coast', Signatura if abanging Bank tarad Coast		zap Couc
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

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>	Name	Address	Type of Action
MGR	GOMEZ LIZ	2728 HERONS LANDING DR.	<b>■</b> Add
		HISSIMMEE FL 34741	☐ Remove
			☐ Change
			□ Remove
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	DIVISION OF COLUMN IONS	
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<u>Note</u>	ctive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie se 90th day after the record is filed.	er of:
Date	d , ,	
	Signature of a member of a member	
	DI GIAMMARGO ELI	
	Typed or printed name of signee	

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Filing Fee: \$25.00