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(Address)	600334
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(City/State/Zip/Phone #)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
entin de		SLINGER, LLC			
SUBJE	CT:	Name of Lim	ited Liability Company		
The end	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
		ALAIN J TEBO			
		REGISTERED AGENT	Name of Person		
			Firm/Company		
		4078 SWAMP DEER RD.			
			Address		
		NEW SMYRNA BEACH,	FL 32168		
		SCREENSLINGER@GMA	City/State and Zip Code JL.COM		
		E-mail address: (to be used for future annual report notification)			
For fur	her information c	concerning this matter, please ca	ill:		
ALAIN	U TEBO		386 233-4940		
	Name o	of Person	Area Code Dayti	me Telephone Number	
Enclose	ed is a check for the	he following amount:			
<b>=</b> \$25	5.00 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/COU	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCREEN SLINGER, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	)
The Articles of Organization for this Limited Liability Comp Florida document number L16000206797	any were filed on 11/10/2016	and assigned
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 L	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	ù	
		. 47
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		7.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>here</u> :	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Flor	rida Zip Code
	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 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>	<u>Name</u>	Address	Type of Action
AMBR	BRANDON TEBO	2062 Canal Rd. Deltona, FL 32738	<b>=</b> Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			Remove
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. Effective date, if other than the	e date of filing:	(optional)	
(If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	lock does not meet the applicable	(optional) are of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be list	05,020 sted a
f the record specifies a delaye b) The 90th day after the re		n effective time, at 12:01 a.m. on the ear	lier c
•			
Dated	2019		
Celain		d representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00