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COVER LETTER

TO:	Registration So Division of Co				
cup i		st Screen & Soffit LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company		
The ci	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
		Jack D Helms			
			Name of Person		
		<u> </u>	Firm/Company		
1545 Bermuda Ave					
		Address			
		Merritt Island, FL 32952			
		City/State and Zip Code			•
		gremlinjack@hotmail.com			
		E-mail address: (to be used for future annual repor	1 notification)	
For fu	irther information c	concerning this matter, please ca	all:		
Jack I	D Helms		321 698-98' at ()	74	
	Name o	of Person	Area Code D	aytime Telephone Number	•
Enclo:	sed is a check for t	he following amount:			
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified	te of Status & .

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

Space Coast Screen & Soffit LLC		
(Name of the Limited Liah (A Flor	nility Company as it now appears on our record ida Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on Dec 12, 2016	and assigned
lorida document number L16000224568		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
 If amending the registered agent and/or regestered agent and/or the new registered office agent. 		s, enter the name of the
		:
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street addres	5,5
	. FI	orida
	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
MGR	Joshua D Helms	1545 Bermuda Ave, Merritt Island FL 32952	= Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Add
			🗆 Remove
			Change
			_□ Add
			_□ Remove
			Change
			_□ Add
			Remove
			Change
			□ Add
			_□ Remove
			_□ Change

(If an effect <u>Note:</u> If	ate, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	ember 20 2017
	Fall Men
	Signature of a monitor or authorized representative of a member
	Jack D Helms

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Typed or printed name of signee

Filing Fee: \$25.00