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Certified Copies	_ Certificates	s of Status
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COVER LETTER

· Division of Cor	porations			
SUBJECT: STICK YO	UR SCREEN AMERICAS. LI	LC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	CAROLINA DIAZ WILL	IAMS		
		Name of Person		
	STICK YOUR SCREEN	AMERICAS, LLC		
		Firm/Company	<u> </u>	
	19707 TURNBERRY WA	Y - PH A		
		Address		
	AVENTURA, FL 33180			• :
		City/State and Zip Code		
	carolinedwilliams1980@gn	nail.com to be used for future annual report notit	*	
For further information co	oncerning this matter, please co		ication)	
GUILLERMO BAKULA	\	at (305) 5099867		.)
Name of	'Person	Area Code Daytime	e Telephone Number	 in
Enclosed is a check for th	e 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 Certificate o Certified Cop (additional copy	f Status & py

MAILING ADDRESS:

Registration Section

TO:

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

STICK YOUR SCREEN AMERICAS, 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 06/15/2017 and assigned Florida document number <u>L17000130784</u> 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 "LL 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, 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 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	IZQUIERDO, ALEJANDRO	19707 TURNBERRY WAY	Add
		PENTHOUSE A	■ Remove
		AVENTURA, FL 33180	☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
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ective date, if other than effective date is listed, the date: If the date inserted in the ument's effective date on the contraction of the contra	nis block does not med	et the applicable	ate of filing or mor statutory filing s	(optio than 90 days after frequirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
record specifies a del he 90th day after the		te, but not ar	n effective tin	ne, at 12:01 a	.m. on the earlier o
ed 15th of May		2018 	<u>. </u>		

Page 3 of 3

Filing Fee: \$25.00