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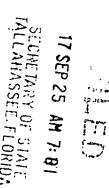
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: O'Shea's Screens Plus, LLC Name of Limited Liability Company |
| Dear Sir or Madam: |
| The enclosed Statement of Correction and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Richard O'Shea Name of Person |
| D'Sheas Screens PLUS, LLC Firm/Company |
| 1295 Cypress Avenue |
| Melbourne FL 32935 City/State and Zip Coole |
| Cichard hart ley 1979 @ amail. Com E-mail address: (10 be used for future annual report polification) |
| For further information concerning this matter, please call: Richard O'Shra at (32) 442-4138 Name of Person Area Code Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 |
| Enclosed is a check for the following amount: |
| \$25 Filing Fee \$\ \tag{S55 Filing Fee & S55 Filing Fee & Certificate of Status}\$\$ Certified Copy \$\ \text{Certified Copy}\$\$ Certified Copy |
| CR2E062 (9/15) |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O'SHEAS SCREENS PLUS LIMITED LIABILITY COMPANY
(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 $\underline{9-20-17}$ | and assigned |
|---|--|
| Florida document number <u>L17000195478</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 | c abbreviation "L.1C." |
| 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, ent registered agent and/or the new registered office address here: Name of New Registered Agent: | er the name of the new |
| New Registered Office Address: | ASS ASS |
| Enter Florida street address | |
| , Florida | - CO 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| New Registered Agent's Signature, if changing Registered Agent: | ON THE STATE OF TH |
| I have by account the appointment of varietized account and account a act in this was a first fourth in | and the second second |

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 | RITTA D. CZAYA | 1295 Cypiess Ave. | O Add |
| | | Melbourne, Pl 32935 | Remove |
| | | | Change |
| MGR | Richard O'shea | 1295 Cypress Avenue | ∑ Add |
| | | 1295 Cypress Avenue Melbourne, Pl 32935 | Remove |
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| ote: If the date inserte | r than the date of fil the date must be specific ed in this block does no te on the Department of | ot meet the applical | o date of filing or mor ble statutory filing | (optio e than 90 days after requirements, this | nal) Iling.) Pursuant to date will not be | 605.020 listed a |
| e record specifies The 90th day afte | a delayed effective or the record is file | e date, but not d. | an effective tir | ne, at 12:01 a | .m. on the ea | rlier o |
| ated SEPTER | MBER 22 | . 2017 | =: | | | |
| | | 206 | ized representative of | | | |

Page 3 of 3

Filing Fee: \$25.00