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## COVER LETTER

SUBJECT: Screens and Honey Dos, LLC
Name of Limited Liability Company

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

The enclosed Articles of Ame	indment and fee(s) are sub	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Nabil	JOSEPH Name of Person	,
-	Law Office o	Firm/Company	Komm, P.A.
	3201 North	Tamiami Trail	, Second Floor
- -	Naples, F Nablos E-mail address: (1	City/State and Zip Code  WFloridalaw.Co to be used for future annual report notified.	) M
For further information conce			
Mario Mer		at (239) 651 - Area Code Daytime	9606 e Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ S25.00 Filing Fee □	1 \$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:	STREET/COURI	ER ADDRESS:

Registration Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION OF

Screens and t	toney Dos, LLC
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 17000217975	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Surcasst Datio Service	S 115.
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abby station "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the name of the new
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida Zip Code
	City
Decistored Arent	•

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Ballivian, Nicolas	4325 Leth Ave NE 34120 Naples, FL 34162	□ Add
		Naples, FL 34162	⊠ Remove
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If an effi <b>Note:</b>	ive date, if other than the date of filing:	to 605.0207 ( oc listed as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the or 90th day after the record is filed.	earlier of:
Dated	12-17-18, 2018.  Signature of a member or authorized representative of a member	_
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00