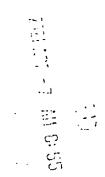
# L17000234428

(Rec	questor's Name)	
(Add	dress)	<u> </u>
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	



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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Martin Cole Name of Person
Firm/Company
1418 Cloverfield Dr
Brandon, FL 3351/  City/State and Zip Code  Mrtncol @ gmail - com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Martin Cole  Name of Person  at (813) 406-1652  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

## Mailing Address:

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

### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CME Rolling	Screens LLC	
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L 17000234928</u>	mpany were filed on $\frac{11/14/2017}{3}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite  Cole's Screen Repair		
Cole's Screen Repair The new name must be distinguishable and contain the words "Limited"	d Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:		23 
New Registered Office Address:		
	Enter Florida street address	υ: 
<del></del>	Florida	Zin Code
	City	ыр Соце

#### 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 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
			□Remove
			□Change
			□Remove
		<del></del>	□Change
		□Add	
			□Remove
	<del></del>	Change	
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		□Add	
	<del></del>	□Remove	
		□Change	
		□Add	
		□Remove	
		Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated April 2 2021
- Amelia
Signature of a member or authorized representative of a member  Martin Cole
Martin Cole Typed or printed name of signee