Fax: +18139325244

To: Div of Corps -LLC

Fax: +18506176383 Division of Corporations

Page: 2 of 6

09/27/2024 1:52 PM

of State (shown below) on the top and bottom of all pages of the document

(((H24000329040 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813)932-5244

Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address: _____ info@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLE'S SCREEN REPAIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration So Division of Co					
SUBJECT: COLE'S	SCREEN REPAIR LLC	,			
	Name of Lim	ited Liability Company			
			t p-		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JANINE MITCHELL				
		Name of Person			
	CONTRACTORS R	EPORTING SERVICE INC			
	Firm/Company				
	23110 SR 54, PMB	336			
		Address			
	LUTZ, FL 33549				
		City/State and Zip Code	-		
	info@activatemylicer E-mail address: (1Se.com to be used for future annual report notifi	cation)		
For further information c	concerning this matter, please c	all:			
JANINE MITCHEL	_L,	813 932-5244			
	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	ian.		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Tallahassee, FL 32303

COLE'S SCREEN REPAIR LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{\text{L}17000234928}{\text{L}17000234928}$.	ny were filed on 11/14/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
COLE'S ALUMINUM & SCREEN LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.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 agent and/or the new registered office address here:	address on our records, enter the na	2024 SEP 30 PM Cistered
Name of New Registered Agent:		तमं
	-0	
New Registered Office Address:	Enter Florida street address	
	Florida	
	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.

From: Janine Mitchell

MGR = Manager

Fax: +18139325244

To: Div of Corps -LLC

Fax: +18506176383

Page: 5 of 6

09/27/2024 1:52 PM

40 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
		Remove	
			Change
			□Add
			□Change
			□∧dd
		Пенюvе	
			Change
			□∆dd
			Remove

From: Janine Mitchell