# L17000249077

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# **COVER LETTER**

Division of Cor	porations		
SUBJECT: Para	adise Rescree	ning LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	5316 Texa	Name of Person  Screening LLC  Firm/Company  S Ave Company  Address  Address  City/State and Zip Code  To be used for future annual report notil	10034048
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4	oncerning this matter, please ca		
Paul A Fer	rara Tr	at ( <u>239</u> ) <u>464</u> . Area Code Daytime	2571
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Fiting 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:

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on 12.05. 2017 and assigned Florida document number L 17000249077 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Screen Enclosure Solutions LLC
The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter 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

### 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 Title Name Address Type of Action ☐ Remove \_\_ □ Change \_□ Add \_\_\_\_\_ Change \_□ Add 🚵 Remove \_□ Change \_□ Add \_ 🗆 Remove \_□ Change \_□ Add □ Remove

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The 90th c	ecifies a delayed day after the reco	ord is filed.				n the earlier of
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Filing Fee: \$25.00