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SECRETATION STATE
TALL AHASSEE, FLORIDA

FOR OF THE SCHROEDER

COVER LETTER

Division of Corporations
SUBJECT: SCIEN BIEF7C L 18000 10 7743 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eswin Rodriguez Martinez Name of Person
Evien Rodriggez Marlinet
5536 Metrowat Blud, Orlando, 1) 32811
City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Exur buiounny Modrique? M. at (40+) 5859875 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status S25.00 Filing Fee Scriffied 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

Scieen Breeze	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000107743</u> .	were filed on 430 18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5536 Metiowest 13/101-50:10-8
(Principal office address MUST BE A STREET ADDRESS)	37811
Enter new mailing address, if applicable:	5536 Metacrest 13/001-50:1/2 110-8
(Mailing address MAY BE A POST OFFICE BOX)	10. [and - f]
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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.

... Changing Registered/Agent, Signature of New Registered Agent

If amending Authorized Rerson(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
AMBR	Erwin Rodriguez-	5536 Metro Wests 13/01	Add
		5536 metro wests 13/4/ Suite 110-8, orlando, A	Remove
		37811	Change
			Remove
			Change
			Add
		<u> </u>	Remove
			Change
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ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statutory	
ament's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect ne 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie
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malad land	
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Fin 21 Olymin	
Etwn Rodry of 2 Signature of a member of authorized representation of the state of	ntauve of a member

Page 3 of 3

Filing Fee: \$25.00