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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Hea	ruchly Screens	LC Liability Company	
	Name of Chin	ted Elability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Charles M.	Name of Person WANT LLC Firm/Company	
		Name of Person	
	Iterrenty S.	averys LLC	
	1117 27 # 5	Address	
	St. Pekrshi	City/State and Zip Code S A SMAIL. COM o be used for future annual report notifi	3
	1 . 1.2	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ıli:	
Charles 1	hela	at (<u>727</u>) <u>221 -</u> Area Code Daytime	8974
Name o	Person	Afea Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES	S OF ORGANIZATION	125 5 5
	OF	
Mo Heavenly	Screens LCC ity Company as it now appears on our a Limited Liability Company)	2019 AUG 27 PH 6: 31
(Name of the Limited Liabili (A Florid	a Cimited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L18000 143 45</u> 6	Company were filed on 06/11	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florido
	City	, Florida 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.

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
MGR	Ed Gardner	19514 Sunward Lake PL	Add
		Lutz, FL 33549	/ ☐ Remove
		(To make Ed Gardner	Change
		19514 Sunward Lake PL Lutz, FL 33549 (To make Ed Gardner So & owner of Heaverly Sire	ens UC)
			□ Remove
			Change
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			🗖 Add
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Dated _	2	/18/	19	·	······································									
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