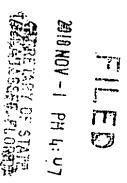
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## **COVER LETTER**

TO:

	ration Section on of Corporations			
SUBJECT: _	Florida Alumin	um & Scruen Name of Limited Liability (	Tech LLC	
The enclosed A	rticles of Amendment and f	ee(s) are submitted for fil	ing.	
	l correspondence concerning		_	
		ALENA CALDAS-LOP	Ů	
	<del> </del>	Name o	of Person	
	MADE IN BR	AZIL SERVICES		
		Firm'C	Company	
	12811 KENW	OOD LANE STE.#208		
	<del></del> -	Ade	dress	
	FORT MYER	S, Fl. 33907		
	MADEINBRA	City/State a ZILSERVICES@HOTM	ind Zip Code AIL.COM	
	E-r	nail address: (to be used for	future annual report no	tification)
for further info	rmation concerning this mat	ter, please call;		
MARIA MAD	ALENA CALDAS-LOPES		39 810-6079	
Name of Person		at ( Ar	ea Code Daytin	ne Telephone Number
Enclosed is a ch	neck for the following amou	nı.		
□ \$25,00 Filis	<b>N</b> 1	g Fee & S55.00 of Status Certif	Filing Fee & Ted Copy mal copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations 'enter Circle

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability		ars on our records.)	<del></del>		
( <u>Name of the Limited Liability</u> (A Florida l	Limited Liability Company)	,			
The Articles of Organization for this Limited Liability Co	mpany were filed on _	07/11/2018	and assigned		
Florida document number <u>L 18000167629</u>	_•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company h	i <u>ere</u> :			
FLIXIRING AUMINUME SCREEN TECH LIC The new name must be distinguishable and contain the words "Limit	cd Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<del></del>	N/A			
(Principal office address MUST BE A STREET ADDRE	ESS)				
Enter new mailing address, if applicable:		H/A			
(Mailing address MAY BE A POST OFFICE BOX)	******	·			
Manning duaress MAT BE AT OST OFFICE BOA					
B. If amending the registered agent and/or registe		n our records, <u>enf</u>	the hame of the m		
registered agent and/or the new registered office addre	ess here:	2 2 2 2			
Name of New Registered Agent:		NA			
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.

If Changing Registered Agent, Signature of New Registered Agent

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
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			☐ Remove
			Change
<u> </u>	N/A	N/A	Add
			Remove
			Change
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