## 48000180324

(	(Requestor's Name)	
(	(Address)	
(	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
•	(Business Entity Name)	
(	(Document Number)	
Certified Copies	Certificates of Status	5 <u> </u>
Special Instructions	to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DT Screen Works LLC 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:
Larren Titshaw Name of Person
DT Screen Works LLC Firm/Company
4674 Clinton BL. Address
Lake Wo. 4h FL 33463 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darren Titchgw at (576) 291-4737 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee}\$. \$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DT Screen Wo	oks LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on $\frac{7/37/18}{}$ and ass	igned
This amendment is submitted to amend the following:		
·		
A. If amending name, enter the new name of the limited liabilit	y company here:	
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:	<u> </u>	<u>C</u>
(Principal office address MUST BE A STREET ADDRESS)		300 800 800 800 800 800 800 800 800 800
<del>-</del>	<u> </u>	<u> </u>
		360 0 A 2 0 1 1 1
Enter new mailing address, if applicable:		20 miles
(Mailing address MAY BE A POST OFFICE BOX)		- 57
-	<u> </u>	1 25
B. If amending the registered agent and/or registered offic	e address on our records, enter the name	of 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	
<del></del>	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Chy Zip Code	
•	A Complete the control of the Complete the control of the control	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	rformance of my duties, and I am familiar wit wided for in Chapter 605, F.S. Or, if this doci	h and ment is

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
Mgr	Darren Titchaw	4674 Clinton BL	Add
		4674 Clinton BL Lake Worth, Fl. 3340	Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
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effective date is listed, the :: If the date inserted	than the date of filing edate must be specific are in this block does not on the Department of	nd cannot be prior to d meet the applicable			) g.) Pursuant to 605.0
record specifies a he 90th day after			n effective time	, at 12:01 a.m.	on the earlier
ied Augus	139	2018			
12.	1/21	a member or authorize			

Page 3 of 3

Filing Fee: \$25.00