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2020 APR 15 AM 10: 05 SECRETARY OF STATE TALLAHASSEE FLORID

APR 17 2020

## COVER LETTER

## TO: **Registration Section Division of Corporations**

SUBJECT:

A KING SCREEN 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:

Romy Aughon Firm/Company 7630 LAGO DEL MAN PA #2 Address BOCA RATON A 33437 City/State and Zip Code SIR~ D 40L Lom

For further information concerning this matter, please call:

Romy AHARON at (<u>56)</u> 542 - 4457 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25,00 Filing Fee

□ \$30,00 Filing 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: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address; **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	AMENDMENT	
]	Ю	
ARTICLES OF	ORGANIZATION	
(	OF	
(Name of the Limited Liability Comp	NG SCREEN pany as it now appears on our reco (Liability Company)	LLC
The Articles of Organization for this Limited Liability Compan	y were filed on <u>04/04/2</u>	₽19 and assigned
Florida document number <u>L190009412</u> 4	· · · · · · · · · · · · · · · · · · ·	,
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
CI-A-SS	IL HOMES L	LC
The new name must be distinguishable and contain the words "Limited Liat	pility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202
	······	A A A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u>.                                    </u>	
B. If amending the registered agent and/or registered office	address on our records, <u>ento</u>	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
<u></u>		
New Registered Office Address:	1	<u> </u>
	Enter Florida street add	<i>css</i>
	· · · · · · · · · · · · · · · · · · ·	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 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

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AMBR =	Authorized	Member
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<u>Title</u>	<u>Name</u>	Address	Type of Action
			D∧dJ
			🗆 Remove
			□Change
			DPPV□
			🗆 Remove
			Change
	,	- <u></u>	🗆 Add
			Change
			2027 APR SECRETA
		<u> </u>	□Add
			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/10/2020
Signature of a member or authorized representative of a member
GIL ANARON Travel or printed pathe of signee

Filing Fee: \$25.00