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### **COVER LETTER**

TO: Registration Sect Division of Corpo			·
SUBJECT:	Screen Name of Limi	Repair 4 M	one, LLC
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Daniel	S. Kreisma	<u>~</u>
		Firm/Company	
	185 Kingf	Sh Tel. Address	<u></u>
	Pomona F	ork, FL. 321 City/State and Zip Code	181
	FLPA4U@ E-mail address: (1	Yaho. Com  o be used for future annual report notified	fication)
For further information con	cerning this matter, please ca		
Daniel Kre Name of P	<u>Lisman</u> erson	at ( <u>904</u> ) <u>495–2</u> Area Code Daytimo	2631 e 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 TO ARTICLES OF ORGANIZATION

(Name of the Limited L	iability Company	as it now appears on or		LC		
TA)	lorida Limited Lial	oility Company)				
The Articles of Organization for this Limited Liabil Florida document number $\frac{L/9000/5-8}{}$	lity Company we	ere filed on $\underline{\mathcal{O}G}$	17/20	<b>/ 9</b> a	ınd assi	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the Assured Screens and The new name must be distinguishable and contain the words			ion "LLC" or th	e abbrevia	tion "L.I.	C."
Enter new principal offices address, if applicable	e: _					
(Principal office address MUST BE A STREET A	(DDRESS)			<u> </u>	2020	
	-			<u> </u>	FEB	
Enter new mailing address, if applicable:	-				18	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			(	_ფ_	
	-				<u> </u>	<del></del>
B. If amending the registered agent and/or regis		dress on our record	s, <u>enter the n</u>	ame of t	<u>he new</u>	registered
Name of New Registered Agent:	Daniel	S. Kneis	man			
New Registered Office Address:	185 12	ingtish RJ				
	Pomora	S. Kreis ingfish RJ. Enter Florida stree Park	, Florida	321	Code	
New Registered Agent's Signature if changing Pagi		City		2.17.	o coae	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = N AMBR = A	Aanager Authorized Member	72).	
<u>Title</u>	Name	Address Kingtist	Type of Action
MGR	Daniel S. Kreisman	Address Kinst DJ.  185 Pemona Park, FL. 3218	<u>I</u> ØAdd
			□Remove
			□Change
MGR	Roger E. Morgan	185 Ps Kingfish Rd. Pemera Park FL 32181	<b>\^\S</b> \Add
		Pomora Park FL 32181	□Remove
			□Change
			□Add
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			🗆 Add
			□Remove
			□Change

If an e Note:	tive date, if other than the date of filing:
e reco rd is t	rd 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
14 15 1	02.14-2020 2020.
Dated	02.14-2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Joshua M. Kreisman Typed or printed name of signee

Filing Fee: \$25.00