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(((H200001975183)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

: (813)932-5244

Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MURPHY'S ALUMINUM AND RESCREENS L.L.C.

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From: AMANDA JOHNS

Fax: 18134457084

Ta:

Fax: (850) 617-6383

Page: 3 of 6

15 06/26/2020 9:34 AM H20000197518 3

COVER LETTER

	Name of Lim	RESCREENS L.L. ited Liability Company	
he enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
lease return all correspon	idence concerning this matter	to the following:	
	AMANDA JOHNS		,
		Name of Person	
	CONTRACTORS F	REPORTING SER	VICE INC
		Firm/Company	
	13795 N NEBRASH	KA AVE	
		Address	
	TAMPA, FL 33613		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Co	le
	info@activatemylice	(to be used for future annu	nd rapart natification)
			iai report normeadony
For further information co	oncerning this matter, please	call:	
ANAMOA IOUNO		813	932-5244
AMANDA JOHNS		Area Code	Daytime Telephone Numbe

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

Certified Copy (additional copy is enclosed)

Fax: (850) 617-6383

Page: 4 of 6 06/26/2020 9:34 AM F12000(/197016.5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-	City	Florida
		Florida
New Registered Office Address:	Enter Florida street ada	dress
Name of New Registered Agent:		
agent and/or the new registered office address h	ere:	71 0
B. If amending the registered agent and/or regis	stored office address on our records, ent	ter the name of the new registered
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	12
Enter new mailing address, if applicable:		Jr. Susan Tr.
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new principal offices address, if applicable		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the	limited liability company here:	
This amendment is submitted to amend the following	ng:	
Florida document number L20000122100	.	
The Articles of Organization for this Limited Liabili	ity Company were filed on 5/5/2020	and assigned
(Name of the Limited Li (A F)	Torida Limited Liability Company)	<u>(105.)</u>
MURPHY'S ALUMINUM AND	RESCREENS L.L.C. lability Company as it now appears on our reco- londa Limited Liability Company)	

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.

From: AMANDA JOHNS	Fax: 18134457084	To:	Fax: (850) 617-6383	Page: 5 of 6 (06/26/2020 9:34 AM

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
AMBR	WESLEY A LODYGA	7306 51ST TRAIL N	= Add
****		ST. PETERSBURG, FL 33709	□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			Change
			🗆 Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change

From: AMANDA JOHNS * Fax: 18134457084 To: Fax: (850) 617-6383 Page: 6 of 6 06/26/2020 9:34 AM H20000197518 3

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Effective date, if other than t (If an effective date is listed, the date i Note: If the date inserted in this document's effective date on the	block does not meet the ap	plicable statutory tiling req	(optional) an 90 days after filing.) Pursuant to 6 uirements, this date will not be l	05.0207 (3) isted as the
he record specifies a delayed effectord is filed.	tive date, but not an effective	ve time, at 12:01 a.m. on th	e earlier of: (b) The 90th day a	fter the
Dated JUNE 26	2020			
	<u> </u>	14 Ass		
	101	"" / / "" /		

Filing Fee: \$25.00

Typed or printed name of signee