Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (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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Registration Section

TO:

COVER LETTER

Division of Corporations SUBJECT: MURPHY'S ALUMINUM AND RESCREENS L.L.C. 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: JANINE SKIPPER Name of Person CONTRACTORS REPORTING SERVICE INC Firm Company 23110 SR 54, PMB 336 Address LUTZ, FL 33549 City/State and Zip Code info@activatemylicense.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JANINE SKIPPER 932-5244 813 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:

Mailing Address:

☐ \$25.00 Filing Fee

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

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(additional copy is enclosed)

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

S60.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MURPHY'S ALUMINUM AND RESCRE (Name of the Limited Liability Comp. (A Florida Limited)	ENS L.L.C. pany as it now appears on our reco	rds.)
(A Florida Limited	J Liability Company)	
The Articles of Organization for this Limited Liability Compan	ly were filed on 5.5.2020	and assigned
Florida document number 1.20000122100		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited I tal	bility Company," the designation "I I.	3° or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>~</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
maning address may be a rost of tree box		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address: Enter Florida street address		ess
	City	lorida
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties. A Sprovided for in Chapter 605	and I am familiar with and I. F.S. Or, if this document is
lf Ch.	anging 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
AMBR	CLAYTON, CHRISTIAN M		□Add
			■ Remove
			©Change
			□Add
			□Remove
			Chauge
			□Add
			□Remove
			☐ Change
			
			П СП СТВОРС
			☐ Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effectiv	e date, if other than the date of filing:
1.1/11	tive 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)(1) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
ceota is tite	
Dated _	Rustiem Mr. Murphy Signature of a member or authorized representative of a member
	Rusien M. Naron
	Signature of a member or authorized representative of a member
	RUTHANN M MURPHY
	Typed or printed name of signee

From: Janine Pkippes . Fax: 18139325244 To Div of Corps - LEC Fax: (850) 617-6383 Page: 5 of 5 (1/01/2023 11:10 AM . . . 3)))