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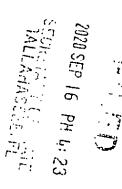
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Co	rporations					
	H SCREEN LLC	A 1				
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	ROBERT DESMOND					
		Name of Person		-		
	CARDINAL ACCOUNTA	ANTS LLC				
		Firm/Company	-			
316 FRANKLIN CLUB DRIVE #2201						
		Address				
DELRAY BEACH, FL 33483				(^ 	20	
City/State and Zip Code				A.C.	20 S	
	ROBERT@CARDINALA			о Т	E P	
		to be used for future annual report notifi	cation)	AS.	16	
For further information	concerning this matter, please c	all:		Ha.	PH	
ROBERT DESMOND		561 819-2541 at ()		792,	2020 SEP 16 PH 1,: 2,	ومرا
Name o	of Person	Area Code Daytime	Telephone Number		ω	
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sect				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee.		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRA TROULGORESMAN

v as it now appears on our records.) ability Company)	
were filed on 08/12/2020	and assigned
ity company here:	
ty Company," the designation "LEC" or the	abbreviation "L.L.C."
ddress on our records, enter the nai	ne of the new register
	2020 TAL
C	SER
	65
Cuy Florida	La Zip Code
	理論
	ity company here: y Company," the designation "LEC" or the a ddress on our records, enter the nar Enter Florida street address Florida

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GISELLE LORRENA VORONIN	19593 115TH AVENUE SOUTH	■ Add
		BOCA RATON, FL 33498	□Remove
			□Change
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			NALL NALL NALL
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ffective date, if other than the date of an effective date is listed, the date must be spec <u>lote:</u> If the date inserted in this block doe	s not meet the appl	icable statutory fil	(option more than 90 days after til ing requirements, this d	al) ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	5.0207 ted as
ocument's effective date on the Departme	ent of State's record	ls.			
record specifies a delayed effective date, b Lis filed.	out not an effective	time, at 12:01 a.m	n. on the earlier of: (b)	The 90th day after	er the
ated SEPTEMBER 14TH	2020				
12/2-1	Can	AT.			
W Carlo			 		
Signatur	re of a member or au	lhorized representati	ve of a member		

Filing Fee: \$25.00