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COVER LETTER

TO:

	Registration Se Division of Cor		;	
	Screen Liza	ard LLC		
SUBJEC		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Jeffrey R. Salisbury		
		, . <u></u>	Name of Person	
		Jeffrey R. Salisbury, LLC		
			Firm/Company	
		615 Heritage Lane, Unit A		
			Address	
		Largo, FL 33770		
			City/State and Zip Code	
		j_salisbury@msn.com		
For furthe	er information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report not all:	itication)
Jeffrey R	. Salisbury		727 401-1008	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	e following amount:		
■ \$25. 0	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)
I I	Mailing Address Registration S Division of Co P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cou The Centre of T	rporations
	Fallahassec, F			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Screen Lizard, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	_)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{200350554722}{200350554722}$.	were filed on 8/17/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Jeffrey R. Salisbury, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		7 l 1
(Mailing address MAY BE A POST OFFICE BOX)		0.0
William duaress MAT DE AT OST OTTICE BOX	<u></u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	nddress on our records, <u>enter t</u>	he паme of the new registere
	Enter Florida street address	
	, 8 5 %	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and	d I am familiar with and

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, 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
			□Add
			□Remove
			□Change
			□Add
			□Add 202 20 □Remove:
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fective date, if other than the date of filing:	(optional)
n 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 605.02 bable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records	
ecord specifies a delayed effective date, but not an effective ti is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ted November 4 2020	\mathcal{O}
	-D/ ₁
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	orized representative of a member

Filing Fee: \$25.00