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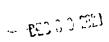
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COVER LETTER

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a an	TRI-COU	NTY SCREENS LLC		2026 <u>SE</u>
SUBJECT	:	Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		ondence concerning this matter		
		PEDRO PEREZ		
		TEDROTEREE	Name of Person	
			Name of Person	
			Firm/Company	
		11201 SW 55 STREET B	21 BOX 156	
			Address	
		MIRAMAR, FL. 33025		
			City/State and Zip Code	
		TRICOUNTYSCREENLL		
		E-mail address: (to be used for future annual report notifies	rion)
For further	r information c	concerning this matter, please of	all:	
PEDRO P	EREZ		786 765-7255 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed i	s a check for th	he following amount:		
□ \$25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R	<u>lailing Addres</u> Legistration Solvision of C	Section	Street Address: Registration Section Division of Corpo	rations
	O. Box 632		The Centre of Tall 2415 N. Monroe S	
Т	'allahassee, l	FL 32314	Tallahassee, FL 3	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRI-COUNTY SCREENS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000264281</u> .	were filed on AUGU	JST 25, 2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2020 D
			E 7
Enter new mailing address, if applicable:			3
Mailing address MAY BE A POST OFFICE BOX)			<u>8</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our recor	ds, <u>enter the name o</u>	, -
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florada street address		
		Florida	Zip Code
	Сиу		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	te to act in this cape performance of my	icity. I further agree duties, and I am fam	to comply with t iliar 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, 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
MGR	LISBETH PEREZ GUERRA	11201 SW 55 STREET	
		B21 BOX 156	≅Remove
		MIAMAR, FL. 33025	□Change
			□Add
			□Remove
			□ Ohange :23
			Change
			□Remove □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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ffective date, if other than the date of the date is listed, the date must be store. If the date inserted in this block locument's effective date on the Department.	e specific and cannot be prior to date k does not meet the applicable s	of filing or more than 90 days a	otional) fler filing.) Pursuant to 603 this date will not be list	5.0207 ted as
record specifies a delayed effective of is filed.	ate, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day afte	er the
SEPTEMBER 23	2020			
	5 . E . S . B . E			
νĘ	gnature of a member or authorized			

Filing Fee: \$25.00