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COVER LETTER

	Name of Lim	ited Liability Company
icles of A	mendment and fee(s) are sub	emitted for filing.
correspon	dence concerning this matter	to the following:
	Timmy L Eastmead	
		Name of Person
	TIMS ALL RESCREEN U	.I.C
		Firm/Company
	243 South Nova Road	
		Address
	Ormond Beach Florida 33	2174
		City/State and Zip Code
	TIMSRESCREEN@GMAI	
	E-mail address: (to be used for future annual report notification)
nation co	ncerning this matter, please ca	all:
ГМЕAD		386 233 1121 at ()
Name of I	Person	at ()
ck for the	following amount:	
g Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration Section
on of Co	rporations	Division of Corporations
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	icles of A corresponding MEAD Name of I was a fine of Cook 6327	TIMS ALL RESCREEN E 243 South Nova Road Ormond Beach Florida 3 TIMSRESCREEN@GMAN E-mail address: (mation concerning this matter, please c TMEAD Name of Person ck for the following amount: (Fee \$30.00 Filing Fee &

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 29 F" 3: 28

TIMS ALL RESCREEN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Company	were filed on DECE	EMBER 10, 2020 and assigned	
Florida document number L20000386228	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	mation "LLC" or the abbreviation "LLC,"	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREET ADDRESS)		243 South Nova Road		
		Ormond Beach, Fl. 32174		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		243 South Nova Ro Ormond Beach, Fl.		
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:			ords, enter the name of the new register	
Nume of New Registeres rigem.	24242 1 1 1			
New Registered Office Address:	243 South Nov	a Road Enter Florida	stead address	
	6 15 1			
	Ormond Beach		, Florida 32174	
		City	Zip Code	

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 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>	Name	Address	Type of Action
VP	DAVID A. SIEGFRIED	1230 1/2 Old Kings Road, Holly Hill Fl. 32117	= Add
			□ Remove
			□Change
			🗆 Add
			Remove
			□Change
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		····	□Remove
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Adding David Siegtr	ied as authorized n	nember title VP				
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cord specifies a delayed s filed.	enective date, but	not an effective	e time, at 12.01 t	ant. On the earner	or. (b) The 90th c	iay anci uit
June 28		2022				
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in	ny L	Edy	nact			
in	Aignature o	Edyf Ta member or au	mach thorized represent	ative of a member		

Filing Fee: \$25.00