121000321268

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #\
(O)	yroldterziph non	C #/
PICK-UP	MAIT	MAiL
(Bu:	siness Entity Na	me)
(,	,
(0)		
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
opeolal morradiona to	ming officer.	
		ŀ

Office Use Only



700387447627

LLC N/C amend

05/US/22--01033--015 ******25.00



A RAMSEY JUL 0 8 2022

COVER LETTER

TO: Registration Section

FL SCREEN & SOLAR, LLC 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: PAMELA MCKINNEY Name of Person PAMELA R MCKINNEY CPA Firm/Company 3433 E GULF TO LAKE HWY Address INVERNESS, FL 34453 City/State and Zip Code PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person at 352 Area Code Daytime Telephone Number Senciosed is a check for the following amount: Cinclosed is a check for the following amount: Cinclosed is a check for the following amount: Area Code Certificate of Status Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	Division of Co	rporations		
Name of Limited Liability Company Please return all correspondence concerning this matter to the following: PAMELA MCKINNEY Name of Person PAMELA R MCKINNEY CPA Firm/Company 3433 E GULF TO LAKE HWY Address LINVERNESS, FL 34453 City/State and Zip Code PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person PAMELA MCKINNEY Name of Person 352 344-8042 Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		EN & SOLAR, LLC		
PAMELA MCKINNEY PAMELA R MCKINNEY CPA	SUBJECT:	Name of Lim	ited Liability Company	
PAMELA MCKINNEY Name of Person	The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Name of Person PAMELA R MCKINNEY CPA Firm/Company 3433 E GULF TO LAKE HWY Address INVERNESS, FL 34453 City/State and Zip Code PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person Area Code Daytime Telephone Number Pamel S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	Please return all corresp	ondence concerning this matter	to the following:	
PAMELA R MCKINNEY CPA Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Division of Corporations P.O. Box 6327 To LAKE HWY Firm/Company Address: The Centre of Tallahassee Tallahas		PAMELA MCKINNEY		
Firm/Company 3433 E GULF TO LAKE HWY Address INVERNESS, FL 34453 City/State and Zip Code PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person at (Name of Person	
Address INVERNESS, FL 34453 City/State and Zip Code PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person Area Code S25.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		PAMELA R MCKINNEY	CPA	
Address INVERNESS, FL 34453 City/State and Zip Code PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person Area Code Solve for the following amount: Solve for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Address: Redistration Section Division of Corporations P.O. Box 6327 Address: Registration Section Division of Corporations The Centre of Tallahassee			Firm/Company	
City/State and Zip Code PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person Area Code Daytime Telephone Number Centificate of Status Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		3433 E GULF TO LAKE	HWY	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The part of Person PAMELA MCKINNEY CPA The part of Person Address INVERNESS, FL 34453 City/State and Zip Code PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) The part of Person and Status and Stat				
PAM@PAMELAMCKINNEYCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		INVERNESS, FL 34453		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			•	<u> </u>
PAMELA MCKINNEY Same of Person Same		•		
PAMELA MCKINNEY Name of Person Area Code Daytime Telephone Number				ntication)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c c c c c c c c c c c c c c c c c c c	For further information	concerning this matter, please c	all:	
Enclosed is a check for the following amount: \$\begin{align*}	PAMELA MCKINNEY	,	at ()	
■ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status \$Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	Name	of Person	Area Code Daytin	ne Tel e phone Number
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	Enclosed is a check for	the following amount:		
Registration Section Division of Corporations P.O. Box 6327 Registration Section Division of Corporations The Centre of Tallahassee	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
P.O. Box 6327 The Centre of Tailahassee				ection
Tallahassee FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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

FILED

2022 MAY -9 AH 8: 45

1 * 7	COD	FEM	D.	COL	A D	7 1	_

	TOTE I'M!	AU 0: 42
FL SCREEN & SOLAR, LLC	77 113 AA	OF STATE
(Name of the Limited Liability Company as i	now appears on our records.): / Company)	The state of the s
·		
The Articles of Organization for this Limited Liability Company were	filed on 07/14/2021	and assigned
Florida document number L21000321268		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
FL SCREEN & ALUMINUM, LLC		
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Trincipal office address 11001 BE 7101 KBB1 7102 KBB57		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addre	ss on our records enter the	e name of the new registere
agent and/or the new registered office address here:	is on our records, <u>enter and</u>	, manie of the new registere
Name of New Registered Agent:		
Name Provintered Office Addresses		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	ity	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			Remove
			□Change
			□Remove
			Change

		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
· - · · · · · · · · · · · · · · · · · ·		
		
te: If the date inserted in this	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Purblock does not meet the applicable statutory filing requirements, this date will Department of State's records.	suant to 605.0207 not be listed as
cord specifies a delayed effect s filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
MAY 3RD	, 2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00