## 121000357256

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2021 AUG 31 PH 14:

FRUCE SEP 1 2 2021

## **COVER LETTER**

| Divi                | sion of Cor  | rporations                                   |                                                                     |                                                                          |                      |               |
|---------------------|--------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------|---------------|
| SUBJECT:            | Illuminated  | I Enclosures and Screen Repair               | r LLC                                                               |                                                                          |                      |               |
|                     |              | Name of Lin                                  | nited Liability Company                                             |                                                                          |                      |               |
| The enclosed        | Articles of  | Amendment and fee(s) are sub                 | omitted for filing.                                                 |                                                                          |                      |               |
| Please return       | all correspo | ondence concerning this matter               | to the following:                                                   |                                                                          |                      |               |
|                     |              | Filing Yolanda                               |                                                                     |                                                                          |                      |               |
|                     |              | <del></del>                                  | Name of Person                                                      |                                                                          |                      |               |
|                     |              | ZenBusiness Inc                              |                                                                     |                                                                          |                      |               |
|                     |              |                                              | Firm/Company                                                        | <del></del>                                                              |                      |               |
|                     |              | 5511 Parkcrest Dr., Suite 1                  | 207                                                                 |                                                                          | _,                   |               |
|                     |              |                                              | Address                                                             | · ———                                                                    | 2021                 |               |
|                     |              | Austin, TX 78731                             |                                                                     |                                                                          | AUG (                | raes<br>(Alam |
|                     |              | fulfillment@zenbusiness.co                   | City/State and Zip Code                                             |                                                                          | 2021 AUS 31 PM 4: 47 | ;<br>;<br>;   |
|                     |              | E-mail address: (                            | to be used for future annual report notifi                          | cation)                                                                  |                      | •             |
| For further in      | formation c  | oncerning this matter, please ca             | all:                                                                | 712                                                                      | 317<br>[4]           |               |
| Filing Yoland       |              |                                              | 844 493-6249<br>at ()_                                              |                                                                          |                      |               |
|                     | Name o       | f Person                                     | Area Code Daytime                                                   | Telephone Number                                                         | _                    |               |
| Enclosed is a       | check for th | ne following amount:                         |                                                                     |                                                                          |                      |               |
| <b>■</b> \$25.00 Fi | ling Fee     | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing F<br>Certificate of Certified Copy<br>(additional copy) | Status &             |               |

MAILING ADDRESS: Registration Section

TO:

**Registration Section** 

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Illuminated Enclosures and Screen Repair LLC                             |                                                             |                                           |
|--------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited l     | ny as it now appears on our records.)<br>Liability Company) |                                           |
| ne Articles of Organization for this Limited Liability Company           | were filed on                                               | and assigned                              |
| orida document number 1.21000357256                                      |                                                             |                                           |
| nis amendment is submitted to amend the following:                       |                                                             |                                           |
| If amending name, enter the new name of the limited liab                 | ility company here:                                         |                                           |
| e new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or                     | the abbreviation "L.L.C."                 |
| nter new principal offices address, if applicable:                       | 2 Pine Cone Dr PO Box 350795                                |                                           |
| Principal office address MUST BE A STREET ADDRESS)                       | Palm Coast , FL 32135                                       |                                           |
|                                                                          |                                                             | 021<br>7A                                 |
| nter new mailing address, if applicable:                                 | 2 Pine Cone Dr PO Box 350795                                | NUG 31                                    |
| Aailing address MAY BE A POST OFFICE BOX)                                | Palm Coast , FL 32135                                       | 7/2 P - 17                                |
|                                                                          |                                                             | THE F                                     |
|                                                                          |                                                             | 1. T. |
| . If amending the registered agent and/or registered of                  | ffice address on our records, <u>e</u>                      | nter the name of the                      |
| gistered agent and/or the new registered office address here             | <u>e</u> :                                                  |                                           |
| Name of New Registered Agent:                                            |                                                             |                                           |
| New Registered Office Address:                                           |                                                             |                                           |
|                                                                          | Enter Florida street address                                |                                           |
|                                                                          | Florid                                                      |                                           |
|                                                                          | Сйу                                                         | 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 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><br>Nicholas Ford | Address                                               | Type of Action                          |
|--------------|------------------------------|-------------------------------------------------------|-----------------------------------------|
| AMBR         |                              |                                                       | Add                                     |
|              |                              |                                                       | □ Remove                                |
|              |                              | 2 Pine Cone Dr PO Box 350795<br>Palm Coast , FL 32135 | ☐ Change                                |
|              |                              |                                                       | Add                                     |
|              |                              |                                                       | □ Remove                                |
|              |                              |                                                       | Change                                  |
|              | <del></del>                  |                                                       | Add                                     |
|              |                              |                                                       | Remove  21 AU Phange 9  HASS OF TRIBLES |
|              |                              |                                                       | Remove                                  |
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|              |                              |                                                       | Add                                     |
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|              |                              |                                                       | Change                                  |

| <u> </u>                                                                                                      | <del>.</del>                    |                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 |                                 |                                              | -                      |                       |
|---------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|-----------------------------------------|---------------------------------|---------------------------------|----------------------------------------------|------------------------|-----------------------|
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|                                                                                                               |                                 | _                                 |                                         |                                 |                                 |                                              |                        |                       |
|                                                                                                               |                                 |                                   |                                         |                                 |                                 |                                              |                        |                       |
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|                                                                                                               |                                 |                                   |                                         |                                 |                                 |                                              | <del></del> -          |                       |
|                                                                                                               |                                 |                                   | <u> </u>                                | <del></del>                     |                                 |                                              |                        |                       |
| <del>-</del>                                                                                                  |                                 |                                   |                                         |                                 |                                 | <del></del>                                  |                        |                       |
|                                                                                                               |                                 |                                   |                                         |                                 |                                 |                                              |                        |                       |
|                                                                                                               |                                 |                                   |                                         |                                 |                                 |                                              |                        |                       |
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| <del></del>                                                                                                   | <del></del>                     |                                   |                                         | <u></u>                         |                                 |                                              | 202                    |                       |
|                                                                                                               |                                 |                                   |                                         |                                 |                                 | ALL                                          | 73-                    |                       |
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|                                                                                                               |                                 |                                   |                                         |                                 |                                 | (n = 1                                       | 70                     | ניני.                 |
|                                                                                                               |                                 |                                   |                                         |                                 |                                 | 0.5<br>1705                                  |                        |                       |
| <del>-</del>                                                                                                  |                                 |                                   |                                         | <del></del>                     | <del></del>                     | <u> </u>                                     | <del></del>            |                       |
| Tective date, if other than to the effective date is listed, the date in this current's effective date on the | ust be specific<br>block does n | c and cannot be<br>not meet the a | pplicable st                            | of filing or m<br>atutory filin | ore than 90 day<br>g requiremen | (optional) ys after tiling.) ts, this date v | Pursuant<br>vill not b | to 605.02<br>e listed |
| record specifies a delay<br>The 90th day after the r                                                          | ed effectivecord is file        | ve date, bu<br>ed.                | t not an                                | effective t                     | ime, at 12                      | :01 a.m. d                                   | on the e               | earlier               |
| ted 8/24                                                                                                      |                                 | 2021                              | ·                                       |                                 |                                 |                                              |                        |                       |
| /s/ Nicholas Ford                                                                                             |                                 |                                   |                                         |                                 |                                 |                                              |                        |                       |
|                                                                                                               |                                 | of a member or                    |                                         |                                 |                                 |                                              |                        |                       |

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Filing Fee: \$25.00