

1220000 59772

(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:

Office Use Only



900383250819

03/15/22--01019--009 **25.00

FILED

2022 MAR 15 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
MAR 29 2022

Steven Sherman

2430 S.W. 42nd Ave. Apt. #3d
Fort Lauderdale, Fl. 33317

(954) 995-6466
Dcslayer1111@gmail.com

3-11-22

Florida Department of State

Divisions of Corporations, Amendments Department
P.O. Box 6327
Tallahassee, Fl. 32314

To Florida Department of State:

I am writing to you today in response to Amending my LLC application that I did online. My information also is attached in the Amendment form . I as the Business owner tried to obtain a Banking Account for me new business and was told that there was a section that I did not fill out properly and am now Amending my original application and adding the **MGR** section to: Steven Sherman, 2430 S.W. 42nd Ave. Apt. #3d, Fort Lauderdale Fl. 33317. I can be reached anytime for any more additional information at (954) 995-6466

Sincerely,

Steven Sherman

Enclosed Attachments are the Amended Forms and \$25 Money Order also to reiterate I am only adding the **MGR section** as Amendment to this form thank you for your time.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCREEN REPAIR SOLUTIONS 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:

STEVEN SHERMAN
Name of Person

Firm/Company

2430 S.W. 42ND AVE. Apt. # 3D
Address

FORT LAUDERDALE, FL. 33317
City/State and Zip Code

DCS/AYER III @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN SHERMAN at (954) 995-6466
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR 15 AM 6:43

SCREEN REPAIR SOLUTIONS LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 3, 2022 and assigned
Florida document number L22000059772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

MGR = Manager
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)


(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3-11-22 2022

3-11-22



Signature of a

Signature of a member or authorized representative of a member

STEVEN SHERMAN

Typed or printed name of signee

Filing Fee: \$25.00