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S. CHATHAM OCT -7 2022

## **COVER LETTER**

	Registration Sec Division of Corp			
en o de c	Sercenagin I			
SUBJEC	T:	Name of Limi	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspon	ndence concerning this matter t	to the following:	
		Matthew A Jackson		
			Name of Person	
		Screenagin LLC		
			Firm/Company	
		500 Oakhill Ct		
			Address	
		Brooksville, FL 34601	•	
			City/State and Zip Code	
		mattslawinfo@gmail.com E-mail address: (1	to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please ca	all:	
Matthey	v Jackson		352 277-2428 at ()	<u></u>
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>≘</b> \$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		Street Address: Registration So	ection
	ACEISH HILLOH		Division of Co	

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

Screenagin LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rected Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L22000250543}{L22000250543}$ .	any were filed on 05/31/2022	and assigned
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 L	Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>en</u> t	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
	<del></del>	FloridaZip Code
	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 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
AMBR	Matthew A Jackson	500 Oakhill Ct, Brooksville, FL 34601	<b>=</b> Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			⊡Chan <b>ge</b>
		<del></del>	□Add
		<del></del>	
			□Change
			□Add
			□Remove

	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>		
_		
Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this to document's effective date on the limits of the limit	ne date of filing:	5.0207 ( ed as tl
e record specifies a delayed effect rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated	2022	
- Will	4 / 1	
- Malla	Signature of a member or authorized representative of a member	
Matthew A Jackson	Typed or printed name of signee	

Filing Fee: \$25.00