Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000177666 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXPRESS SCREEN ENCLOSURES AND SHUTTERS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 1 6 2023 K. Brumble)

COVER LETTER

	ration Section on of Corpora		•	
E SUBJECT:	XPRESS SCR	een enclosures an	ND SHUTTERS, L.L.C.	
3030801.		Name of Lin	nited Liability Company	
The enclosed A	rticles of Ame	ndment and fee(s) are sul	omitted for filing.	
		ce concerning this matter	•	
	R	ODION SHATSKYY		
	_		Name of Person	
	E	XPRESS SCREEN ENC	CLOSURES AND SHUTTERS,	L.L.C.
	_		Firm/Company	·
	1:	5800 PINES BLVD. STE	3 3 0 0	
			Address	
	P	EMBROKE PINES, FL	33027	
	_		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	RC	DION121@YAHOO.CO	DM to be used for future annual report r	
For further infor	mation concern	ting this matter, please ca	·	ionneation)
RODION SHAT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			954 294-2394 at ()	ime Telephone Number
	Name of Person	n	Area Code Day	ime Telephone Number
Enclosed is a che	ck for the follo	wing amount:		
■ \$25.00 Filing	g Fee 🗀 🕽	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ation Section	n	Street Address: Registration S	ection

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPRESS SCREEN ENCLOSURES AND SHUTTERS, L.L.C.	
(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 Liability Company were filed on 07/13/2022	and assigned
Florida document number L22000311788	
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	ne 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)	
MALIGUESS MAT BE A FOST OFFICE BOX	
B. If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here:	ame of the new registere
	20
Name of New Registered Agent:	2023 HA
New Registered Office Address:	
Enter Florida street address	2
, Florida	Zip 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	CHARLES, ALLAN D	7840 NW 3 ST APT 102	□Adċ
		PEMBROKE PINES, FL 33024	≣Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
	•		Change
			⊡Add
		,	
			□ Change

				
				
		-		
				
				
				
				
				 -
				
				
•				
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	the date of filing: must be specific and cannot be pri is block does not meet the app. ne Department of State's record	licable statutory filing r	(optional) than 90 days after filing.) Pursuan equirements, this date will not	t to 605,0207 (3 be listed as th
ne record specifies a delayed efford is filed.	active date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th da	ıy after the
Dated	, 2023	·		
	Rodion Shata	kuu.		
	Signature of a member or aut	herized representative of	member	_

Filing Fee: \$25.00