L2300035821

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S. FRANKLIN

MAY 2 - 2023

COVER LETTER

	CREEN SERVICE LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.					
Please return all correspo	ondence concerning this matter to	the following:					
	LEIDYSBEL DIAZ ALBER	то					
		Name of Person					
	DYLAN SCREEN SERVICE	E LLC					
	-	Firm/Company					
	2127 PELLAM BLVD						
		Address					
	PORT CHARLOTTE, FL 33	948					
	LEIDYSBELD@YAHOO.IT	City/State and Zip Code					
	E-mail address: (to	be used for future annual report noti	fication)				
For further information of	concerning this matter, please call	:					
LEIDYSBEL DIAZ AL	BERTO	941 267-7272					
Name c	of Person	at () Area Code Daytim	e Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Foe & Certified Copy (additional copy is enclosed)	 S60.00 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

DYLAN SCREEN SERVICE LLC

DI LAN SCREEN SERVICE LEC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000035821	were filed on 01/19/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		2023
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation L.C."
Enter new principal offices address, if applicable:		5 6
(Principal office address MUST BE A STREET ADDRESS)		MI ID 21
Enter new mailing address, if applicable:		, ic.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ge to act in this capacity. I further a	gree to comply with the

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
MGR	RAUL RAMIREZ PASCUAL	21291 MIDWAY BLVD	= Add
		PORT CHARLOTTE, FL. 33952	□Remove
			□Change
·			□Add
			□Remove
			[DChange
			□Add
			□Remove
			☐ Change
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			ClChange

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	<u> </u>		
	te of filing:	ate of filing or more than 90 day	(optional) es after filing) Pursuant to 608 0207.
in effective date is listed, the date must be ofe: If the date inserted in this block	does not meet the applicable	statutory filing requiremen	
in effective date is listed, the date must be ote: If the date inserted in this block icument's effective date on the Depar record specifies a delayed effective da	does not meet the applicable rtment of State's records.		ts, this date will not be listed as
an effective date is listed, the date must be ote: If the date inserted in this block icument's effective date on the Departure of specifies a delayed effective date is filed.	does not meet the applicable rtment of State's records. Ite, but not an effective time.		ts, this date will not be listed as t
in effective date is listed, the date must be ote: If the date inserted in this block incument's effective date on the Department specifies a delayed effective datis filed.	does not meet the applicable rtment of State's records. Ite, but not an effective time.		ts, this date will not be listed as
ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective data is filed. FEBRUARY 3	does not meet the applicable rtment of State's records. Ite, but not an effective time.	at 12:01 a.m. on the earlier	ts, this date will not be listed as t

Filing Fee: \$25.00