L23000053878

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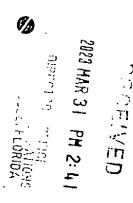
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COVER LETTER

TO: I	Registgation Se Division of Cor	ection porations		. ,
SUBJEC	KMS Rescr	reen, LLC	·	
SUBJEC	1; 5	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Mladen Stojsavljevic		
		**************************************	Name of Person	
		KMS Rescreen, LLC		
			Firm/Company	
		1730 Manasota Beach Roa	d. Unit 217	
		· · ·	Address	
		Englewood FL 34223		
			City/State and Zip Code	**************************************
		kmsrescreen@gmail.com	to be used for future annual report notifi	(aution)
For furthe	r information co	oncerning this matter, please ca		(Cauon)
	tojsavljevic		941 681-0495	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 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 S		Street Address: Registration Sec	tion

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

FILED

2023 HAR 31 AH 10: 16 KMS Rescreen, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SEURLTARY OF STATE The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number <u>L23000053878</u>. 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 "LLC." 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

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.

Cin

.Florida __

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>	<u>Address</u>	Type of Action
AMBR	Mladen Stojsavljevic	1730 Manasota Beach Road, Unit 217	≣ Add
		Englewood, FL 34223	□ Remove
		.	☐ Change
AMBR	Krstan Stojsavljevic	1730 Manasota Beach Road, Unit 217	∃ Add
		Englewood, FL 34223	⊡Rеточе
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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cument's effective date on the			requirements, this c	atc win	not oc in	sicu as
cord specifies a delayed effect s filed.	ive date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90t	th day afi	ter the