## 12000104261

(Re	questor's Name)	<u> </u>
	dress)	
(Adi	aress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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WILAHASSEE

## **COVER LETTER**

FO: Registration Solution of Co			
	REEN REPAIR, LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Maria A Tejada		
		Name of Person	<u></u>
	BEST SCREEN REPAIR		2
		Firm/Company	
	19367 NW 23RD ST		2023 H: 1 2 T
		Address	
	Pembroke Pines FL 3302	29	 
		City/State and Zip Code	
	tejadaalejandra54@gmail		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Maria A Tejada		754 280-2427	
Name	of Person	Area Code Daytim	e 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST SCREEN REPAIR , LLC		
(Name of the Limited Liah	ility Company as it now appears on our records.) da Limited Liability Company)	~~~
(A rior	ida Limited Clability Company)	20231
	02/27/2023	ن <u>ت</u>
he Articles of Organization for this Limited Liability	Company were filed on Oziziizaza	and assigned
lorida document number L23000104267		2
ionda document number	·	
his amendment is submitted to amend the following:		
ing amenament is submitted to amend the tenowing.		
. If amending name, enter the new name of the li	mited liability company here:	رب
to the amending hame, enter the new hame or the to	The state of the s	02
Enter new principal offices address, if applicable: <i>Principal office address MUST BE A STREET ADI</i>	DRESS)	
rincipal office address most be A STREET ADI	/RLOOJ	
	<del></del>	<u> </u>
Enter new mailing address, if applicable:		
<u>.</u>		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>
3. If amending the registered agent and/or register	ead office address on our regards anter the	nume of the new regist
		name of the new regist
gent and/or the new registered office address here	•	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
to the registered Office Address.	Enter Florida street address	
	, Florid	a
	Circ	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

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
MGR	Maria A Tejada	19367 NW 23RD ST Pembroke Pines FL 33029	⊠Add
			□Remove
			□Change
			□Add
			□Remove
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		<del></del>	<del></del>
			. 2
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior  If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	or to date of filing or i cable statutory fili	(option or than 90 days after grequirements, this	filing.) Pursuant to 605.03
ecord specifies a delayed effective date, but not an effective is filed.			
Maria M. Signature of a member or aut			
BS F / ** ** - 1 /1 /1	1P 1/7/1/1		
Signature of a member or aut	horized representativ	e of a member	

Filing Fee: \$25.00