## LZ3000152052

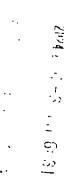
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PICK-UP	☐ WAIT	MAIL
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Special Instructions t	o Filing Officer:	
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JAN 09
S. PRATHER

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC		SCREEN SERVICES LLC		
.,(/1541.)	,ı. <u> </u>	Name of Lim	nted Liability Company	
The enel	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		YONDRIEL RUIZ ALVA	REZ	
			Name of Person	
			Firm Company	
			Address	
		4301 N COOLIDGE AVE	. TAMPA FLORIDA 33614	
		YONDRIELRUIZ@GMAI		
For furth	er information c	E-mail address; t oncerning this matter, please c	to be used for future annual report notifall:	ication)
YONDE	RIEL RUIZ ALV	'AREZ	813 648-1587 ar ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
LJ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	ç.	Stroot Address	

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

ALVAREZ SCREEN SERVICES			
(Name of the Limi	ed Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	r records,)
The Articles of Organization for this Limited L. Torida document number 1.23000152052	iability Company	were filed on	and assigned
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liab	oility company here:	
he new name must be distinguishable and contain the v	gorde "Limited Liabi	live Company " the decimati	on "I I (" or the abbreviation "I i I ("
-		4301 N COOLIDGE A	
Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		TAMPA, FLORIDA 3.	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		4301 N COOLIDGE A	
failing address MAY BE A POST OFFICE BOX)		TAMPA, FLORIDA 3.	3614
<ol> <li>If amending the registered agent and/or igent and/or the new registered office addre</li> </ol>		address on our records	, enter the name of the new registe
Name of New Registered Agent:	YONDRIEL RUIZ ALVAREZ		
New Registered Office Address:	4301 N COOL		
- <del> </del>		Enter Florida stree	rt address
	TAMPA		, Florida
		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 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>	Address	Type of Action
AMBR	YONDRIEL RUIZ ALVAREZ	4301 N COOLIDGE AVE, TAMPA FL 33614	<b>=</b> Add
			□Remove
			□Change
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fective date, if other than the meffective date is listed, the date must	date of filing:	(option: of filing or more than 90 days after fili	<b>11)</b> ng.) Pursuant to 605.0207
ote: If the date inserted in this blo	ock does not meet the applicable sta		
cument's effective date on the De	partment of State's records.		. ~a
			27.7 <del>.</del>
ecord specifies a delayed effective is filed.	date, but not an effective time, at l	2:01 a.m. on the earlier of: (b)	The 90th day after the
			**
11/21	2024		-
11/21 ited	2024		- - - -
nted 11/21	2024		<del>-</del> - :
ned	2024	presentative of a member	:

Filing Fee: \$25.00