

123000198456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

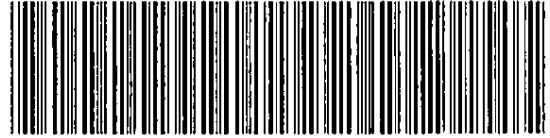
(Business Entity Name)

(Document Number)

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06/20/23--01014--013 **25.00

2023 JUN 20 PM 4:15

COVER LETTER

TO: **Registration Section**
Division of Corporations

Suncoast Smart Screening L.L.C.
SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mya Douglas

Name of Person

Suncoast Smart Screening L.L.C.

Firm/Company

5356 South Suffolk

Address

Homosassa, Florida 34446

City/State and Zip Code

Myaleed@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mya Douglas

352 558-7176/352-737-4500
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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

2007 JUN 20 PM 4:15

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Suncoast Smart Screening 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 04-21-2023 and assigned
Florida document number L23000198456.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5356 South Suffolk Terrace

Homosassa

Florida 34446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5356 South Suffolk Terrace

Homosassa

Florida 34446

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:

Mya Douglas

New Registered Office Address:

5356 South Suffolk Terrace

Enter Florida street address

Homosassa

City

Florida 34446

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>	<u>Type of Action</u>
MGR	Laurin M. Di Santo	4784 South Memorial Drive	<input type="checkbox"/> Add
		Homosassa	<input checked="" type="checkbox"/> Remove
		Florida 34446	<input type="checkbox"/> Change
AMBR	Mya Douglas	5356 South Suffolk Terrace	<input type="checkbox"/> Add
		Homosassa	<input type="checkbox"/> Remove
		Florida	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

June 15, 2023

Signature of a member or authorized representative of a member

Mya Douglas
Typed or printed name of signatory

Typed or printed name of signee

day 20 P14:15

Filing Fee: \$25.00