<u>L14000 171958</u>

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2017

SABRINE GOODWIN 6830 23RD ST ST PETERSBURG, FL 33712

SUBJECT: NSTALLED LLC Ref. Number: L14000171958



We have received your document for NSTALLED LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 817A00002425

COVER LETTER

Divisio	n of Corp	orations		
DA SUBJECT:	ATAINSTA	ALLED LLC		
SUBJECT:	<u>-</u>	Name of Lim	nited Liability Company	
The enclosed A	ticles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		SABRINA B. GOODWIN	ı	
			Name of Person	
		DATAINSTALLED LLC		
			Firm/Company	
		6830 23RD STREET		
		.	Address	
		ST. PETERSBURG, FL 33	3712	
		-	City/State and Zip Code	
		SABRINABG.MYDATA@		
		E-mail address: (to be used for future annual report notif	ication)
For further infor	mation cor	ncerning this matter, please co	all:	
SABRINA B. G	OODWIN		727 542-4212	
	Name of I	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a ch	eck for the	following amount:		
□ \$25.00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DATAINSTALLED LLC

(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 11/05/2014	and assigned
Florida document number L14000171958		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NSTALLED LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		17 SEC
		三流 西
Enter new mailing address, if applicable:		ASS ASS
(Mailing address MAY BE A POST OFFICE BOX)		
(Matting datess MAT BEAT OST OTTICE BOX)		77 3 111
		0 7 7 N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>!</u>	
I hereby accept the appointment as registered agent and agr	ee to act in this capacit	v. I further agree 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change
	<u> </u>		□ Add
			Remove
			☐ Change

Effective date, if other than the date of filling: [If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Of 01 Authoris B. Mandalu.	_
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Effective date, if other than the date of filing: [Coptional] 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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early obtained and the properties of the erecord is filed. The 90th day after the record is filed.	₹
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The 90th day after the record is filed. Dated $\frac{02/01}{1}$, $\frac{2017}{1}$	— 505.0207 isted as
	rlier of
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00