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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

K & L CAB SUBJECT:	LE INSTALLATONS, LLC			
3000ECT.	Name of Lin	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	YANET A. FERNANDEZ	:		
	Name of Person			
	YANFERPRO SOLUTIO	NS, INC		
		Firm/Company		
	3013 W. CONCORD STR	EET		
		Address		
	ORLANDO, FL 32805			
		City/State and Zip Code		
	yanferpro@gmail.com			
	E-mail address: (	to be used for future annual report notific	cation)	
For further information co	ncerning this matter, please c	all:		
YANET FERNANDEZ		786 6563178 at ()		
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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 S		<u>Street Address:</u> Registration Sect	ion	
Division of Co		Division of Corp		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Flor	illity Company as it ida Limited Liability	now appears on our record Company)	<u>(15.</u> )	<del></del>
The Articles of Organization for this Limited Liability Florida document number £17000204917	Company were	iled on 10/03/2017		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability e	mpany here:		
GALLEGOS CABLE, LLC	· -			
The new name must be distinguishable and contain the words "L	imited Liability Con	ipany," the designation "LLC	or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		S TORRES GALLEGOS	.ചന	2023
(Principal office address MUST BE A STREET ADDRESS)		WESTERN AVENUE	ALI	
		tSON, FL 32180	22	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:			Y OF STATE the name	of the new registers
		TREET		
NO.	FW. CONCORD S			
	3 W. CONCORD S	Enter Florida street addres	3	
New Registered Office Address: 3013	.ANDO	Enter Florida street addres		05
New Registered Office Address: 3013		Enter Florida street addre	orida <sup>328)</sup>	05 Zip Code
New Registered Office Address: 3013	.ANDO	Enter Florida street addre		05 Zip Code

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
			□ Add
			□Remove
			□Change
			□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloom	be specific and cannot be prior to date of ck does not meet the applicable state	(optional) tiling or more than 90 days after filing tory filing requirements, this date	) Pursuant to 605,0207 (3)( will not be listed as the
locument's effective date on the Dep record specifies a delayed effective	date, but not an effective time, at 12	::01 a.m. on the earlier of: (b) Th	
locument's effective date on the Dep record specifies a delayed effective d is filed.		:01 a.m. on the earlier of: (b) Th	
document's effective date on the Deperer record specifies a delayed effective rd is filed.  Dated			ne 90th day after the