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B. KOHR

OCT 2 7 2009

EXAMINER

COVER LETTER

r;OT	Registration Section Division of Corporations	
SUBJE	ECT: Brevard Installation Sucs, LLC Name of Limited Liability Company	Sec.
The en	Name of Limited Liability Company Solution Record Articles of Amendment and fee(s) are submitted for filing.	SE CONTRACTOR
Please	return all correspondence concerning this matter to the following:	OK P
	return all correspondence concerning this matter to the following: Adam Helderhouse Name of Person) · ·
,	Brevard Installation Svcs, LLC	
	5585 Fair bridge Street	
•	Cocoa Florida 32927 City/State and Zip Code Abelderhouse Defl. r. com	
For fur	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:	
Qd	at (321) 652 - 6936 Name of Person at (321) 652 - 6936 Area Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
\$25	.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	

MAILING ADDRESS:

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

Brevard Installation Services, 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 Liabili	ty Company were filed on	11203 and assigned
Florida document number <u>L03000045</u>		900
		7 25
This amendment is submitted to amend the following	g:	RPORT S
A. If amending name, enter the new name of the	limited liability company her	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Fator you walling address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
maning address MAT BE A FOST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er Florida street address
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M G R	Robert A. Ladd	5400 Fruitport Street	☑ Add ☐ Remove
···········			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ameno	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
		<u>-</u> .	
			_
Dated	Oct. 16.20		
	Adam K	r or authorized representative of a member	
	Mam J. He	Tor authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00