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Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 071005001001 Phone : (727)441-8966

Fax Number : (727)442-8470

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ASAP INSTALLATIONS LLC

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## COVER LETTER

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The enol	osed	Articles of A	mendment and fee(s) are submitte	ed for	filing.			
Please re	turn	all correspon	dence concerning this matter to th	e follo	wing:			
			J. Matthew Marquardt					
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			Macfarlane Ferguson & McMu	illen				
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			625 Court Street, Suite 200		·			
				<del>- 7</del>	Address			
			Clearwater, FL 33756					
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			flarelw@macfar.com					
			E-mail address: (to be	used fo	or future and	ual report notif	ication)	
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Ashleigl	ı Am	cit		at (	727	441-8966		
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<b>\$25.</b> 0	00 FU	ling Fee	☐ \$30.00 Filing Fee & ☐ Certificate of Status	Cert	00 Filing Folling Foll	•	Certified	te of Status &
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2016 NOV 16 AM 10: 27
TALLAHASSEE. FLORIDA

ASAP INSTALLATIONS, LLC (Name of the Limited Clab) (A Florid ability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/07/2006 and assigned Florida document number 106000013615 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 "LLC," Enter new principal offices address, if applicable: (Principal office address MUST RE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida

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

Title	Name	Address	Type of Action		
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	Signature of a m	emper or authorize	d representative of a	member	·

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