(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	MAIL	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900310697779

03/21/18--01008--007 \*\*30.00

HARRIS J. HARRIS

## **COVER LETTER**

TO: Registration Division of C	s Section Corporations		
C&D Ho SUBJECT:	ome Installations LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Craig A Mitchell		
	<del></del>	Name of Person	·······
	C&D Home Installations	LLC	
	<del></del>	Firm/Company	
	400 Tulipwood Lane		
		Address	<del></del>
	Chuluota, Florida 32766		
		City/State and Zip Code	
	Mitchell_installations@ho		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all:	
Craig A Mitchell		407 923-4833	
Nan	ne of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	or the 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 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

C&D Home Installations LLC				
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company)	ı our records.)	_
The Articles of Organization for this Limited L Florida document number L09000037727	iability Company	y were filed on 04/17	7/2009 and	assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lial	bility company here:		
Mitchell Installations LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design		
Enter new principal offices address, if applic	cable:	N/A	ALL	
(Principal office address MUST BE A STREI	T ADDRESS)		N S	0 ************************************
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	ASSET O	
B. If amending the registered agent and registered agent and/or the new registered o	ffice address he		or records, <u>enter the na</u>	ne of the ne
Name of New Registered Agent:	N/A			
New Registered Office Address:				<del></del>
		Enter Florida	str <del>e</del> et address	
			, Florida	,
		City	Zip Co	xde

## 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 **Address Type of Action Title Name** N/A □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add Remove \_□ Add Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

_ N	I/A				<del></del>	_
_						-
_				<del></del>		-
						-
						_
_						<del>-</del>
-					· <u>-</u> · · · · · · · · · · · · · · · · · · ·	-
_						-
_						_
			<del> </del>	•	<u> </u>	
						-
_						_
_		•			,	
_						-
_					····	-
						_
		00/0				
fecti	ve date, if other than the	date of filing:	1/2018	(option	nal)	
ote:	ective date is listed, the date must If the date inserted in this blo	ck does not meet the	applicable statutory	or more than 90 days after to filling requirements, this contact that the filling requirements after the filling requirements.	ling.) Pursuant to 60 late will not be lis	15.020 ted a
cume	ent's effective date on the De	partment of State's re	ecords.			
roc	ard enocifies a delayed	offortivo data h	ut not an offoctiv	10 time at 12:01 a	m on the earl	ior 1
	ord specifies a delayed 90th day after the reco		at not an enectiv	re ume, at 12.01 d.	on the call	101 C
	Manch 04	00.15	•		2818 Sc:	
ited_	March 01	2018	· · · · · · · · · · · · · · · · · · ·			•
	1. No	(1) XI	122-		HAR 2 RETAI	
	- mail	Signature of a member	or authorized represent	ative of a member	SE SE	r
			-		<u> </u>	
	Craig A Mitchell					

Page 3 of 3

Filing Fee: \$25.00