## L09000051949

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200409219162

05/31/23--01039--002 \*\*30.00

SECRETARY OF STAIR



## **COVER LETTER**

то: `	Registration Sec Division of Corp		Mar. M		
CHAIR	Ideal Installa				
SUBJE	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Mark Rutigliano			
			Name of Person		
		Ideal Installations LLC			
			Firm/Company		
		3357 SW Hill St			
		Address			
		Port Saint Lucie, FL 3495.	3		
			City/State and Zip Code	<del></del>	
		mark@idealinstall.com			
		E-mail address: (	to be used for future annual report noti	fication)	
For fur	ther information cor	ncerning this matter, please c	all:		
Mark I	Rutigliano		561 436-7255 at ( )		
<del></del>	Name of I	erson	Area Code Daytim	e Telephone Number	
Enclose	ed is a check for the	following amount:			
□ \$2:	5,00 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:		<u>Street Address:</u>		

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ideal Installation 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 May 28, 2009 and assigned Florida document number \_\_\_\_\_L09000051949 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alberto Santarelli	13790 Cocoanut Lane	
		Juno Beach, FL 33408	Remove
			Change
		-	□Add
			□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change

			<del></del>
··			
	· · ·		
		*	<del></del>
			7. 2
			2023 HAY SECRET
		<del>.</del>	LAMY CRET
			31 SS
			m C ***
	<del></del>		<del></del>
			——≘ <del>~</del> ~
			3>
			<del></del>
ffective date, if other than the date of the feeting date is listed, the date of	he date of filing:	filing or more than 90 days after fili	il) ng ) Pursuant to 605.020
	block does not meet the applicable statu		
	Department of State's records.		
			~ 001 1 0 1
ocument's effective date on the			
ocument's effective date on the record specifies a delayed effec	tive date, but not an effective time, at 12:	::01 a.m. on the earlier of: (b)	The 90th day after the
ocument's effective date on the record specifies a delayed effec	tive date, but not an effective time, at 12.	:01 a.m. on the earlier of: (b)	The 90th day area in
record specifies a delayed effect is filed.	tive date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b)	The 90th day area die
record specifies a delayed effect is filed.		:01 a.m. on the earlier of: (b)	The 90th day area in
ocument's effective date on the record specifies a delayed effect is filed.			The 90th tay area in

1. A. S. S.

Filing Fee: \$25.00