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COVER LETTER

10:	Division of Co				
SUBJE	. " CT•	Long In	stallations, LLC		
SOBJE	CI		ited Liability Company		
The enc	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all corresp	ondence concerning this matte	r to the following:		
	Greg Long Name of Person				
			Name of Ferson		
	ong-Installations, LLC Firm/Company				
			1 min/company		
	801 Lennox Rd W				
			Autos		
		P	alm Harbor, FL 34683 City/State and Zip Code		
		Long	Installations@gmail.com		
		E-mail address: (to be used for future annual report notification)		
For furtl	ner information	concerning this matter, please of	call:		
		Greg Long	at (727) 744-7579		
	Name o	of Person	Area Code & Daytime Telephone Number		
Enclosed	d is a check for t	he following amount:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION SECRETARY OF STATE CORPORATIONS **OF**

11 AUG 26 PH 2: 06

FILEU

(<u>Name of the Limited Li</u> (A F)	ng Installations, LLC ability Company as it now apper orida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL1000002895	-	March 15, 2010 and assigned	
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	44		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street address	
-	City	, Florida 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Shanna LaFountain Long	801 Lennox Rd W Palm Harbor, FL 34683	Add Remove
			Add Remove
			Add Remove
	August 23 , 20	0 <u>11</u>	SECRETARY OF STATE DIVISION OF CORPORATIONS 11 AUG 26 PM 2: 06
·	Signature of a membe	Greg Long	
•	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00