Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BANOS, GARCIA, AND ASSOCIATES, P.A.

Account Number : I20100000067 Phone : (305)856-6626

Fax Number

: (305)856-6628

*Enter the email address for this business entity to be used for future annual report mailings. Enter only, one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALEXTON INSTALLATION LLC

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Electronic Filing Menu Corporate Filing Menu

J. BRYAN Help

OCT 11 2012

Oct. 10. 2012 10:01AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| ALEXTO | N INSTALLATION L | LC | |
|--|--|--|-------------------------|
| (Name of the Limited Liabi (A Flori | ility Company as it now appea da Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liabilit | y Company were filed on | 08/26/2011 | and assigned |
| Florida document number <u>L11000099411</u> | · | | |
| This amendment is submitted to amend the following | ;; | | |
| A. If amending name, enter the new name of the | limited liability company he | <u>re</u> : | • |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Comp | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | ward. | <u></u> |
| (Principal office address MUST BE A STREET AD | DDRESS) | 产 | |
| | | 250 416 412 | 5 T |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | γεφ. γ | |
| | | | ्र प |
| | 1 1 | 7 | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office s | | our records, enter the | ne name of the nev |
| | • • • | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | · |
| New Registered Office Address: | , | | |
| | . E | Enter 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

ICSW TILLOULIULALAIN If afficiency of circulating on the state of or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name Address Type of Action MGRM MOREJON, OSVALDO 5764 NW 98 PL 🔀 Add Remove **DORAL FL 33178** MGRM BLANCO, GILBERTO 5764 NW 98 PL M Add DORAL FL 33178 Remove Add Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 10 2012 Dated Signature of a member or authorized representative of a member **ORLANDO PUERTA** Typed or printed name of signee

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Filing Fee: \$25.00