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	(Requestor's Name)	
 	(Address)	. <u> </u>
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PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<u> </u>
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COVER LETTER

Division of Corpo	rations `	•	
SUBJECT: EXPE	SIENT INST	ALLATIONS LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
F		2	
	CESAR	A CASTELL AND Name of Person	o S
		Name of Person	
	EXPEDIENT	- IN STALLATION S Firm/Company	LLC
		Firm/Company	
	6020 60	CF VILLAS DRIVE	=
		Address	
	BOYNTON E	SEACH FL 334. City/State and Zip Code	37
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notificat	tion)
For further information cond	cerning this matter, please ca	all:	
CESAR CAS	STELLANOS	at (365) 6/9-	4585
Name of Po	erson	Area Code Daytime Te	elephone Number
Enclosed is a check for 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)

Registration Section

TO:

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

EXPEDIENT INSTALLATIONS LLC			
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appear ability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	6/20/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company he	ere:	
	9MF		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		SAM	E
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 here:		our records, ente	r the name of the ne
Name of New Registered Agent:	CA	ME	-
New Registered Office Address:	Enter Flor	ida street address	S 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		5: 5: 5: 5:
I hereby accept the appointment as registered agent and agree	e to act in this a	capacity. I further a	gree to comply with the

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CARLOS MAYORGA O WNER	15165 MICHELANGELO BLVD	Add
		DELRAY BEACH, FL 33446	□ Remove
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f an effective date is	other than the da listed, the date must b	e specific and ca	annot be prior	to date of filing	g or more than 9	(option 0 days after f	iling.) Pursuan	t to 605.020
	nserted in this blockive date on the Dep				illing require	menis, inis	nate will not	C)
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Filing Fee: \$25.00