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SECRETARY OF STATE

N. Collision MAY 2,1-20131

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Install Kings, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joy A. Schierer Name of Person
Amer: can Accounting Firm/Company
4509 Bee Ridge Rd. #C
Sarasota, FL 34233 City/State and Zip Code
Concast.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toy A. Schierer at (941) 371-0008 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 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

FILED
2013 HAY 20 PH 2: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Insta (Name of the Limited Lin (A Fl	ability Company affit now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabseller Florida document number <u>L13000044</u>	ility Company were filed on	3/26/2013 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 here	:
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	- C	nr records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Address Name** MGRM Blake, Justin 2127 S. Jefferson Ave X Add Sarasota FL 34239 Remove Remove

).∵If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	May 15, 2013.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Chuck Kie, w

Page 3 of 3

Filing Fee: \$25.00

