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J. Shakers FEB 0 3 2013



## **COVER LETTER**

Division of Corporations
SUBJECT: Installers on the 60 SWFL! 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:
Joseph Casais
Installer on the Go SWFL! LLC
2238 SW 7PL Address
Cape Coul FL 33991
Cape Coul + L 33991  City/State and Zip Code  Malles on the growth of gwail. 10m  Email address: (to be used for fitture annual report notification)
For firther information concerning this matter, please call:
Joseph Casais at 239 628-0200  Name of Person Area Code & Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

TO: Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Tristallers On The Go SWFL!

( <u>Name of the Limited Liability Company</u> (A Florida Limited Li	y as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1300 \ \ 3 \ 8 \ 4 \ 7</u> .	vere filed on <u>10 - 03 - 3 (</u>	017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the desig	unation 'LLC'' or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		District Land
		Annual Control of the
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		CO.
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	roe; address
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

Thereby accept the appointment as registered agent and agree to act in this capacity. If in ther 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. Thereby confirm that the limited hability 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, <u>enter the title, name, 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>	Address	Type of Action
m6RM	Rafael Sierra	2238 SW 7th P1	Add
		Cape Coral FL	Remove
		33991	•
MGRM	Joseph Casais	2238 SM 7th PI	
		Cape Coral FL	Remove
		33991	
			Add
		S. TAS	Remove
			SNYC
			Àdd
			mo Remove
		*** da #**	
			Remove
			Add
			Remove

D. Îf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
Dated	11/2/13
	Red Si
	Signature of a member or authorized representative of a member  Rafael Sierra
	Typed or printed name of signee
	Page 3 of 3

rage 5 of 5

Filing Fee: \$25.00

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