# #11000090938

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K. SALY EXAMINER

AUG 2 6 2014

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	CT: Jall Installation Group, W. Name of Limited Liability Company	<u> </u>
The encl	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Rigolatito Rosalf-S Name of Person	·····
	Jalil Installation Group	. (((
	124 Amsworth Civ,	
	Palm Spring, F (3346) City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	<u> </u>
For furth	ner information concerning this matter, please call:	
Riv	Obcito Rosalt-5 at (305) 316-71  Name of Person Area Code Daytime Telep	phone Number
Enclosed	d is a check for the following amount:	
\$25.	.00 Filing Fee \$\times \text{Certificate of Status}\$ \$55.00 Filing Fee \$\text{Certified Copy}\$ (additional copy is enclosed)	□ \$60.00 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

FILED

•	<b>, 1</b>	- Allico-
Jalil Installation 6 rol (Name of the Limited Liability Compa (A Florida Limited)	O C C C C C C C C C C C C C C C C C C C	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400090938</u>	were filed on	12014 and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liab	ility company here:	
Rosales Art and Design In Co	onstruction, LC bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	124 Ainswor	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	124 Ainsworth Palm Spring,	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street addres:	
•		•
	City , FN	orida

### 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** □ Add □ Remove \_ 🗆 Add □ Remove □ Add ☐ Remove □ Add \_\_\_□ Remove 

\_\_\_\_ Remove

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) $ert$
	,
Effect The eff the da	tive date, if other than the date of filing:
Dated	1,
	Ford.
	Signature of a member or authorized representative of a member
	Rigoborto Rosales. Typed or printed name of signee

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Filing Fee: \$25.00