L14000151246

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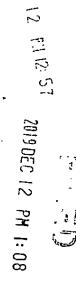


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COVER LETTER

TO:

Tallahassee, FL 32314

rO: Registration Se Division of Cor				
SUBJECT:	INSTALL A	MERICH	LLC	
		mited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	ibmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
	Alejandr	Name of Person	ned A	<u></u>
	251 1	Firm Company	# 19	 10h
		Address		
	SUNNY Ale ANdro	City/State and Zip C CA STAW (to be used for future ar	Code La /	33/60 19 HOT Mail. COM
for further information c	concerning this matter, please	call:		
Name c	of Person	at (at Code) Daytime	Telephone Number
inclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop radditional copy	y.	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Reg Div	et Address: distration Sectision of Corp Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTAllAMERICA LL	<u>C</u>
(<u>Name of the Limited Liability Com</u> (A Florida Limited	d Liability Company)
(Name of the Limited Liability Companies) (A Florida Limited Liability Companies) (The Articles of Organization for this Limited Liability Companies)	w were filled on $121/12019$ and assigned
The Articles of Organization for this Limited Claiming Compan	if were fried on and assigned
Florida document number L 140001512 46	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	201
	· 💆 · 🚟
(Principal office address MUST BE A STREET ADDRESS)	—————————————————————————————————————
	<u> </u>
	-p 11
Patanana malling address if anylindle.	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zıp 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 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>	Address	Type of Action
1ANABER	LINTAURAS STANKEVIC	JUS 264 STANDREWS DR	
		BOLINGBROOK IL 60	Y40⊒Remove
			□Change
			□Add
			□Remove
			⊟Change
			□Remove
		-	□Change
			□Add
			□Remove
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			□Remove
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lf an effect <u>Note:</u> - If	e date, if other than the date of filing:	207 (3)(b as the
record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	12111/2019.	
	Signature of a member or authorized representative of a member	
	Signature of a themoer of authorized representative of a memoer	