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SECRETARY OF STATE

FEB 29 2018 BRUCE

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: LL	P INSTAUA Name of Limi	TION LLC, ited Liability Company		
The enclosed Articles of Ar	mendment and fec(s) are subr	mitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
	DONALD L.	Name of Person	 	
		Firm/Company	Total Service Automobilities to Lie	
	3028 B20	CON (NOS 51. Address		
	SARASOTA	City/State and Zip Code		
	E-mail address: (t	to be used for future annual report notification	ation)	
For further information con	cerning this matter, please ca	ill:		
DONACD 1. Name of P	+ 1TE erson	at (813) 407- (Area Code Daytime T	elephone Number HASSE	
Enclosed is a check for the	following amount:		E D	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	<u> </u>

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

LLP INSTALLATION	hhC.		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number 15000702563.	were filed on DEC 03, 201	l≤ and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.I	C,"
Enter new principal offices address, if applicable:	3028 BROWNING	51.	
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA F1 30	4237	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name e	or the new
Name of New Registered Agent:	·		
New Registered Office Address:	-in-t		
	, Florida	Zip Code	- Carrier
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I at rovided for in Chapter 605, F.S. (n Jamiliar with Fr. if this document	h and ment is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = /	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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Effective	date, if other than the date of filing:(optional)	∰ 1 2	
Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date we's effective date on the Department of State's records.	ursuant to 605 ill not be list	5.0207 (ted as t
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 0th day after the record is filed.	1 the earli	er of:
Dated <u>(</u>	2-23-2016). All		
	[
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00