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2017 JAN 23 PM 4 20 SECRETARY OF STATE TALLAHASSEE, FLORIUS

K. SALY JAN 24 2017

COVER LETTER

Division of Corporations					
SUBJECT: Justinstalled 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:					
Justin Deibert Name of Person					
Name of Person					
Justin stalled LLC					
Firm/Company					
50% Son Keen Rol.					
508 Sch Keen Rd.					
Plant City, Fl 33566 City/State and Zip Code Skudruckers and Zip Code E-mail address (to be used for future annual report notification)					
City/State and Zip Code					
Skudruckers @ gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person Area Code Daytime Telephone Number					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,					
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

TO: Registration Section

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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A	MENDMENT	
ARTICLES OF OI OF OStin Stalled (Name of the Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Liability C	RGANIZATION C V as it now appears on our records.) ability Company) vere filed on 6/78/2016 and assigned	2017 JAN 23 PM 45 20 TALLAHASSEE, FLORIDA
Florida document number <u> 416 000 23688</u> .	and assigned	FLORIDA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabit	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit		_
Enter new principal offices address, if applicable:	508 Son Keen Rd	_
(Principal office address MUST BE A STREET ADDRESS)	Flant City, F1 33 566	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	508 Son Keen Rd. Plant City, FI 33566	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		new
Name of New Registered Agent:		_
New Registered Office Address:		_
	Enter Florida street address	
	, Florida Слу Zıp Code	_
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 p accept the obligations of my position as registered agent as po being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document	
If Chang	ging Registered Agent, Signature of New Registered Agent	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:					
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 Title Name Address Type of Action AMBR DENNIS DEIBERT 8315 W. ELM STREET DANG AND SEE SEE FLORIDA TAMPA, FL. 33615 Remove					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	DENNIS DEIBERT	8315 W. ELM STREET	Add TALLAHASAY NE 20		
		TAMPA, FL. 33615	Remove E. FLORID.		
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			Chance.		

D. If amending any other infor	mation, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
, ,			FILED ZOIT JAN 23 PM 4 21 TALLAHASSY OF ST
			2017 JAN 23 PM PL
			TALLAHASSEE, FLORIDA
			_
			
	 .		
		(N	
Note: If the date inserted in thi	the date of filling: must be specific and cannot be prior to date of filin is block does not meet the applicable statutory e Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to y filing requirements, this date will not be	o 605.0207 (3)(b) e listed as the
If the record specifies a dela (b) The 90th day after the (yed effective date, but not an effect record is filed.	tive time, at 12:01 a.m. on the e	arlier of:
Dated 1-15-1	17		
	Signature of a member or authorized represent	ntative of a member	_
	Justin Peiber Typed or printed name of sig		_

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Filing Fee: \$25.00