L17000006219

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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August 31, 2017

SHAWN R VAN LENTEN 5951 WINEGARD RD APT#C ORLANDO, FL 32809

SUBJECT: SRV INSTALLATION SERVICES LLC

Ref. Number: L17000006219

We have received your document for SRV INSTALLATION SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 817A00018047

COVER LETTER

	gistration Sect vision of Corpo				
SUBJECT:	S	SRV Installation Name of Lim	ited Liability Company	ندر	
The enclose	d Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspond	lence concerning this matter	to the following:		
		Shawi	Name of Person	nder	
		SRV Ins	Stallation Se Firm/Company	ruas LLC	
		5951 W	Vine gard Ruc Address	rd APTHC	<u> </u>
		Orland	to, 41 328 City/State and Zip Code	<i>.</i> 09	
		9K mr E-mail address: (to be used for litture annual	Corn report notification)	_
For further i		cerning this matter, please ca			
	Uname of P	Van Lerten	at (<u>38</u> 2) Area Code	370-9272 Daytime Telephone Nur	mber
Enclosed is	a check for the	following amount:			
		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end	closed) Certi	O Filing Fee, ificate of Status & ified Copy tonal copy is enclosed)
	Registrati Division (P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, F1, 32314	Registral Division Clition F	T/COURIER ADDRES. tion Section of Corporations Building ecutive Center Circle	S:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEV Installed	ion Services, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1700006219</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
NIA		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
muning address may be A LOST OF FICE BOXY		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, ent	er the name of the new
	. 1	
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A Enter Florida street address	8: 4.9
	, Florida	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

and the state of t

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
mar	Bamon Luis Valentin Sp	usudio 3617 Peace f	al Place DAdd
		Orlando FL 3	328/ <i>O</i> 🗆 Remove
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			Add
			Remove
			☐ Change
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NIA		
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	ON	8: 4.5
ective 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 v	Pursuant i	to 605.020
	n the e	arlier o
July 1 2017		
	ive date, if other than the date of filing:	ive date, if other than the date of filing: July JO17 (optional)

Page 3 of 3

Filing Fee: \$25.00