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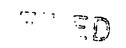
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		Name of Limit	ed Liability Company	
The enclosed Art	ticles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all	correspond	ence concerning this matter to	o the following:	
		William D Week		
			Name of Person	
		Pride Installations, LLC		
			Firm/Company	
859 Coconut Cicrle W				
			Address	
		Naples, FL 34104		
		bweeks355@gmail.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report noti	fication)
For further infor	mation con	cerning this matter, please ca	II:	
William D Weel	ks		239 331-1309 at ()	
	Name of F	Person	Area Code Daytim	e Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Gertified 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 OF



Pride Installations, LLC

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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ____ and assigned Florida document number 118000030975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ______Zip Code City

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>	<u>Address</u>	Type of Action
MGR	Joshua C Morales	859 Coconut Circle W Naples, FL 34104	
			☐ Remove
			Change
			□ Remove
			☐ Change
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		· 	☐ Remove
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			Change
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			☐ Change
			☐ Remove
			Change

D., If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef) Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	William D Weeks
	Typed or printed name of signee

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Filing Fee: \$25.00