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SEGRETARY OF STATE DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Period LInstallation Name of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	rae_
Perick Installations Firm/Company	LIC
2716 Larmie at. Address	
FCH MACO FL 33914 City/State and Zip Code	
Perioditions 10 tions 10 E-mail address: (to be used for future annual report	C. Commil Com
For further information concerning this matter, please call:	
Some of Person at (239) 899 Area Code Day	5-1173 ytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified 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

Period I (Nume of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on Oa O7 18	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		EB 2 FE
New Registered Office Address:		- P
	Enter Florida street address	SIM Si M
	, 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> Name **Address** Type of Action AMBR Alessandia Vargas 37 LO Central Ave 0 Add ☐ Change □ Add □ Remove __ Change _□ Remove ☐ Change □ Add ☐ Change _□ Add ☐ Remove □ Change □ Add ¬

☐ Remo

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****	ive date, if other than the date of filing:	suant to 6 not be li	05.0207 (3)(1 sted as the
the reco	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 90th day after the record is filed.	he ear	lier of:
Dated			5
	Signature of a member or authorized representative of a member	3	
	Santeon memae	83.	ERE T
	Typed or printed name of signee		₹ 7 E
	D	PM 5: 0	PR SI
	Page 3 of 3	••	