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COVER LETTER

Division of Corpor	
SUBJECT:	ISVA INSTALLATION Name of Limited Liability Company
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Isail Lopez
	Name of Person
	Firm/Company
	2598 Kentucky St
	West Palm Beach FL 33406 City/State and Zip Code
-	Vane 55079430 9 mail - Com E-mail address: (to be used for future annual report notification)
For further information conc	cerning this matter, please call:
Name of Pe	Martinez at (561) 951-8709 Area Code Daytime Telephone Number
Enclosed is a check for the f	following amount:
□ \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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ARTICLES OF ORGANIZATION					<u>₽</u> ₩
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TSI	VA IN	ALIATA	NOIT	2	#90
(Name of the Limited (A	Liability Compar	y as it now appears o	n our records.)	<i>&</i>	. 101 TS
(A	. I longa Ellinieg E	iability Company)		~	, RA
The Articles of Organization for this Limited Liab	oility Company	were filed on		and assign	ned 🔻
Florida document number <u>L1800007</u>	5246				
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of the	he limited liabi	lity company here			
The new name must be distinguishable and contain the word	ds "Limited Liabili	ty Company," the desi	gnation "LLC" or the	abbreviation "L.L.C	J.''
Enter new principal offices address, if applicab	ala.				
• •		0500	1/ 0/2 /- 1	ا م برار	
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>	2598	Kertu	Chy DT	
		West H	<u>alm Beo</u>	ich Fl	<u>32406</u>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>				
B. If amending the registered agent and/or			ur records, <u>ent</u> e	er the name of	the new
registered agent and/or the new registered offic	<u>ce address here</u>	:			
	-		0 1		
Name of New Registered Agent:	<u> 1891</u>	L Lope	2 Cabr	rerci	
New Registered Office Address:	259	x Kint	zucky	91	
new Registered Office Address.		 	street address	<u></u>	
		D1 - A		22110	. 1

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Ilma Vanessa Marti Martinez	ncz 2598 Kentucky st W. P. B FL 33406	U Add
	Martines	<u> </u>	Remove
	,	······································	Change
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The State of							
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ective date, if other than the date of filing the effective date is listed, the date must be specific atte. If the date inserted in this block does not be determined to the date of the	t meet the app	olicable statu	tory filing re-	(opt han 90 days aft quirements, th	t ional) er filing.) Pursualis date will no	ant to 605.0 of be listed)207 1 as
record specifies a delayed effective he 90th day after the record is filed		not an eff	ective time	e, at 12:01	a.m. on th	e earlier	r o
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Filing Fee: \$25.00