L18000082951

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COVER LETTER

TO: Registration Se Division of Cor		
	NSTALLS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Jose L. Calero	
	Name of Person	
	J&S PRO INSTALLS LLC	
	Firm/Company	
	3742 CEDAR HAMMOCK TRAIL	
	Address	
	St. Cloud, FL. 34772	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please call:	
JOSE I CALERO	407 860-9309 at ()	
Name o	t Person Area Code Daytime Telephone Number	-
linelosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status	tatus &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Registration Section Corporations The Centre of Tallahassee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. nability Company))
The Articles of Organization for this Limited Liability Company Florida document number £18000082951	were filed on 04/02/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		~
The that office address Mest De Markets		
		()
		?
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>-</u> 4-
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, F!o	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LUC DOOD INCTALLULE.

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

Title	<u>Name</u>	Address	Type of Action
þ	SINTIA PACHECO	3742 CEDAR HAMMOCK TRAIL ST CLOUD, FL	
			≡ Remove
			Change
P.VP	JOSE L. CALERO	3742 CEDAR HAMMOCK TRAIL ST CLOUD, FL	♥ Add
			🗆 Remove
			□Change
			□Add
			CRemove
			Change
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<u>_</u>			①Add
			□Remove
			□ Change

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.							
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