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COVER LETTER

Division of Corpo	orations		
SUBJECT: SOM	1's Quality 1	nstallations Ll ed Liability Company	Lc
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Salvador P	Name of Person	
	Sal's Oriali	Ty Installations Firm/Company	llc_
	3038 Noima	andy Heighls D.	Υ
	Winter Have	City/State and Zip Code	
	Salguelly my	talation & GMC111 Color be used for future annual report notification	ication)
For further information con	ncerning this matter, please cal	l:	
Salvador P Name of 1	SU 20 Person	at (M) Daytime	e Telephone Number
Enclosed is a check for the	-		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$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

TO:

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**

FILED

Sal's Qualte Instal	lations les FILED
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company) 21.3 JL 22 P 37
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000113684</u> .	were filed on Way 7 Start FARY OF and assigned TALLAHASSEE. FLORIDA
This amendment is submitted to amend the following:	••
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2038 Normandy Heights Dr
(Principal office address MUST BE A STREET ADDRESS)	Winter Haven F1 33880
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Pubux 1415 Eagle Lake F1 33839
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip 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 t 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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action Address** Title Name BOX 3043 Davenport & - Add Veronica Isaac Remove ☐ Change Veronica I Saac 183 101 East Palm St avenport fr 33837 □ Change Jenniter Villarrial 2038 Normandy Hughts Dr MAdd Winter Haven fl 30880 Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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(If an effecti	ive date is list	ed, the date m	e date of fili	and cannot be pi	ior to date of fil	ling or more than	(option n 90 days after fi	ling.) Pursuant to	o 605.0207
Note: If document	the date inso t's effective	erted in this be date on the l	olock does no Department o	t meet the app f State's recor	dicable statuto ds.	ory filing requi	rements, this c	late will not be	e listed as
			ed effective cord is file		not an effe	ctive time,	at 12:01 a.ı	m. on the e	arlier o
Dated	<u>July</u>	18	<u></u>	<u>. 2019</u>	·				
	80	livada	Signalire of	a member or a	ithorized repres	sentative of a mo	ember		_
		Salva	dor B	<u> ۷۲۷</u>	intal name of a	signee			_

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00