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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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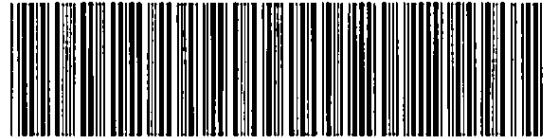
(Business Entity Name)

(Document Number)

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AUG 10 2019
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 AUG -5 AM 7:17

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sal's Quality Installations LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Salvador Bayez

Name of Person

Sal's Quality Installations LLC

Firm/Company

2038 normandy Heights Dr

Address

Winter Haven FL 33880

City/State and Zip Code

Salsqualityinstallations@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Villarreal

Name of Person

at (863)

Area Code

289-4571

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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
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**

Sal's Quality Installations LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/7/2018
Florida document number L18000113684

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)

2038 normandy Heights Dr
Winter Haven FL 33880

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1415
Eagle Lake FL 33839

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:

Salvador Boyzo

New Registered Office Address:

2038 normandy Heights Dr

Enter Florida street address

Winter Haven, Florida 33880

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 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

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19 AUG 25 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	Salvador Boyzo	101 East Palm St	<input type="checkbox"/> Add
		Davenport Fl 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Salvador Boyzo	PO Box 3043	<input type="checkbox"/> Add
		Davenport Fl 33836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Salvador Boyzo	2038 Normandy Heights Dr	<input checked="" type="checkbox"/> Add
		Winter Haven Fl 33880	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Salvador Boyzo	PO Box 1415	<input checked="" type="checkbox"/> Add
		Eagle lake Fl 33839	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Jennifer Villarreal	2038 Normandy Heights Dr	<input type="checkbox"/> Add
		Winter Haven Fl 33880	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 record is filed.

Sahardeep Bains
Signature of a member or authorized representative of a member

Salvador Bayre
Typed or printed name of signee