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## **COVER LETTER**

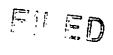
TO;	Registration Se Division of Cor			
SUBJE		NSTALL LLC		
SOBJE	Ç1	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Mease r	eturn all correspo	BRENDA WOOD	to the following:	
		AMERICAN ACCOUNTI	Name of Person NG	
		4509 BEE RIDGE RD SU	Firm/Company TTE C	<u> </u>
		SARASOTA, FL 34233	Address	
		INFO@AASRQ.NET	City/State and Zip Code	<del></del>
For furt	her information c	E-mail address: ( oncerning this matter, please ca	o be used for future annual report no ill:	onfication)
CHAR	LES KLEIN		941 302-3314 at()_	
	Name o	t Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■ \$</b> 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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C KLEIN INSTALL LLC

(Name of the Limited	Liability Company as it now appears on our records Florida Limited Liability Company)	.)
(A)	Florida Limited Liability Company)	1/2 1/2
The Articles of Organization for this Limited Liab Florida document number $\frac{L18000152170}{L18000152170}$	oility Company were filed on 06/20/2018	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.1C."
Enter new principal offices address, if applicab	ole:	
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		enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida

## 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>	<u>Name</u>	Address	Type of Action
MGR	DANIEL MCGRAW	2127 S JEFFERSON	
		SARASOTA, FL 34239	
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			Remove
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ective date, if other than the offective date is listed, the date must	late of filing:	7 - 37 7	(4	optional)	.c. 0.307
<u>te:</u> If the date inserted in this blo	ck does not meet the:	applicable statutor	ig or more than 90 days y filing requirements	this date will not be list	5.0207 ted as
nument's effective date on the De	partment of State's re	ecords.			
record specifies a delayed The 90th day after the reco		ut not an effec	tive time, at 12:0	)1 a.m. on the earli	er of
ed APRIL 17TH	2019	·			
. 11	21 1 .				
Chules	Signature of a member of				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00