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C. BRUMBLEY
NUV 2 4 2021

COVER LETTER

TO: Registration Se Division of Cor			
	NSTALL LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
	ondence concerning this matter		
	CHARLES KLEIN		
		Name of Person	
	C KLEIN INSTALL		
		Firm/Company	
	4964 GEORGE AVE		
		Address	
	SARASOTA, FL 34233		
	INFO@AASRQ.NET	City/State and Zip Code	_
	_	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
CHARLES KLEIN		941 302-3314	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Addre Registration Division of 0		<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 63		The Centre of 'I	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C KLEIN INSTALL LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records ted Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.18000152170}{1.18000152170}$.	any were filed on <u>06/20/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited 1.	iability 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		5 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		M 9: 41
Hunng dagess Hell DE HIVST OF FICE DON		_
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	Caty	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 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
AMBR	WYATT PITMAN	832 CEDAR CREST CT	
		SARASOTA, FL 34232	_
		EFFECTIVE 11/10/2021	
			🗆 Remove
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T 4	11/10/2021
necu an eff	ve date, if other than the date of filing:
<u>ote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
~	and a circumstation of the control of state a records.
recor	I 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 fil	
ated	17-7 . 7021.

Typed or printed name of signee