L19000039320

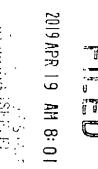
(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN APR 3 0 2019

COVER LETTER

TO:		istration Se ision of Cor			
eum ir			rated Solutions LLC	,	
SUBJE	CI:		Name of Lim	ited Liability Company	
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn	all correspo	ndence concerning this matter	to the following:	
			Thomas Ercolano		
			Total Integrated Solutions	Name of Person	
				Firm/Company	
			936 Pattison Ave		
			Sarasota, FL 34237	Address	
			t.ercolano@sjcinstallations.	City/State and Zip Code com	
			E-mail address: (to be used for future annual report notifi	cation)
For furt	her in	formation co	oncerning this matter, please ca	all:	
Thomas	s Erco	lano		941 2509077 at ()	
		Name of	l'Person	Area Code Daytime	Telephone Number
Enclose	d is a	check for th	e following amount:		
≅ \$25.	.00 Fi	ling 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:

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



Total Integrated Solutions LLC

2019 APR 19 AM 8: 01

(Name of the Limited Lia	ibility Company as it now appears on our record; orida Limited Liability Company)	<u>s.</u>)
(A rio	mua Enimed Hamitty Company)	<u></u>
The Articles of Organization for this Limited Liability	y Company were filed on 02/08/2019	and assigned
Florida document number L19000039320		•
This amendment is submitted to amend the following	2:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DDRESS)	~~~
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		, enter the name of the new
registered agent and/or the new registered office a	iddress here:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	•
	, Flo	orida Zip Code
Non-Basintana de La colonida del colonida del colonida de la colonida del colonida del colonida de la colonida del colo	<i>,</i>	гір Соде
New Registered Agent's Signature, if changing Registor	erea 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>	<u>Address</u>	Type of Action
MGR	Thomas Ercolano	936 Pattison Ave Sarasota, FL 34237	■ Add
			□ n
			Change
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
		□ Add	
		☐ Remove	
			□ Change
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
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.
Dated April 17m . 2019
Dated April 17 2019 Signature of a member or authorized representative of a member
Thomas Encolono Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00