## L'190000) 49998

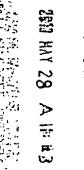
(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

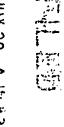




000327610660

Q4/18/19--01014--025 \*≉30.00





T. LEYSEUX etes y & vam

## COVER LETTER

<del>-</del>	gistration s ision of Co	oction Orporations	
SUBJECT:	Resident	ial Installations, LLC	
SOLUTION.		Name of Lir	mited Liability Company
The enclosed	d Articles o	f Amendment and fee(s) are sul	bmitted for filing.
Please return	all corresp	ondence concerning this matter	r to the following:
		Christopher E Palcowski	
			Name of Person
		Residential Installations, L	
		1420 Celebration Blvd	Firm/Company
		Suite 200	
			Address
		Celebration, FL 34747	
		chrispalcowski@yahoo.com	City/State and Zip Code
		E-mail address: (	(to be used for future annual report notification)
For further in	formation o	concerning this matter, please ca	call:
Chris Palcov	wski		407 435-8959
	Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a	check for t	he following amount:	
□ \$25.00 Fi		\$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
	8	Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy Certified Copy
			(additional copy is enclosed
		ING ADDRESS: ration Section	STREET/COURIER ADDRESS: Registration Section
		n of Corporations ox 6327	Division of Corporations Clifton Building
	Tallaha	issee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2019

CHRISTOPHER E PALCOWSKI 1420 CELEBRATION BLVD STE 200 CLELEBRATION, FL 34747

SUBJECT: RESIDENTIAL INSTALLATIONS, LLC

Ref. Number: L19000049998

We have received your document for RESIDENTIAL INSTALLATIONS, LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please have a member or authorized representative sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 119A00008556

2019 MAY 28 PM 2: 0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Residential Installations, LLC

FILED

Residential installations, LLC						
(Name of the Lim	ited Liability Com	pany as it now appears or Liability Company)	our records.)			
	(X Fiorida Libra	тывину соправу)	EF II A 85 YAN GGS			
The Articles of Organization for this Limited I	Liability Compan	y were filed on Febru	ary 20, 2019 and assigned in			
The Articles of Organization for this Limited I			TELLAHARSEE FLORIDA			
Torred decarrent named	·					
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited lia	bility company here:				
The new name must be distinguishable and contain the	words "Limited Lial	hility Company " the design	nation "LLC" or the abbreviation "LLC"			
-		1420 Celebration				
Enter new principal offices address, if appli	icable:		DIVU			
(Principal office address MUST BE A STRE	ET ADDRESS)	Suite 200				
		Celebration, FL	34747			
Enter new mailing address, if applicable:		1420 Celebration Blvd				
(Mailing address MAY BE A POST OFFICE	F ROX)	Suite 200				
manny address Mill DE MI COI OF THE		Celebration, FL 34747				
registered agent and/or the new registered of New Registered Agent:	mee address in	<del></del>				
Name of New Negistered Figure.	1430 0-1-1-	-K Dh-d - Coite 200				
New Registered Office Address:	1420 Celebra					
	_	Enter Florida :				
	Celebration		, Florida <sup>34747</sup>			
		City	Zip Code			
New Registered Agent's Signature, if changing	Registered Agent	<u>t:</u>				
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complet sistered agent as registered offic	e performance of my provided for in Chaj	duties, and I am familiar with and pter 605, F.S. Or, if this document is			
	,,					
	<u>If Ch</u>	anging Registered Agent,	Signature of New Registered Agent			
	Page	1 of 3				

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	Christopher E Palcowski	1420 Celebration Blvd Suite 200 Celebration, FL 34747	
			<b>≘</b> ∧dd
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
		-	□ Remove
			□ Change
		_	
			Remove
			Change
			Add
			🗆 Remove
		<del>                                     </del>	Change
<u>_</u>			
			Remove
			Change

	EIN 83-3765132						
				<del></del> -			<del></del>
		<del></del>				<del></del>	
			-		<del></del>	<u></u>	
	-			<del></del>	<del>-</del>	<del></del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·				<del></del>	<del></del>
					·	<del></del> -	-
	<del></del>			<del></del> .	<del></del> .	·	· <del></del>
•		<del></del>		<del></del> -		<del></del> -	<del></del>
		<u>-</u>		<del></del>		<u> </u>	
						-	
				———			<del></del>
	_		,				
•	-			_		<del></del>	<del></del>
-	W						
_	, <u> </u>				<del>-</del>	-	· · · · · · · · · · · · · · · · · · ·
_							
'ffect	ive date, if other than the	date of filing				(	
fanefl	fective date is listed, the date mur	st be specific and o	annot be pri	or to date of filin	g or more than 9	( <b>optional</b> ) 0 days after filing	3 Pursuant to 605 0201
Note:	If the date inserted in this bl	lock does not me	et the appl	icable statutory	y filing require	ments, this date	will not be listed as
ocum	nent's effective date on the D	epartment of Sta	ite's record	S.			
e rec	cord specifies a delayed	d effective da	te, but n	ot an effect	ive time, at	12:01 a.m.	on the earlier o
me	90th day after the rec	ora is filea.					
	MAY 70	·	2019	<u> </u>			
ated	į,	,		1//			
ated		/ //	- A				
ated		C Kil	Z_11	·			
ated		Signature of a me	ember or au	horized represen	tative of a mem	her	<del></del>
ated		Signature of a mo				her	
ated		Signature of a me		horized represented name of sign		her	

Page 3 of 3

Filing Fee: \$25.00