## L19000102431

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coodmont (Value))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800343837058

05/04/20--01009--029 \*\*25.89



Amend Mame Chs

MAY 2 0 2020

LAUBRITTON

## **COVER LETTER**

FO: Registration Secti Division of Corpo	rations		
SUBJECT: All	n One Inst	talls LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Juliano	W Nunes Name of Person	
		Firm/Company	
	_2322 s	cypress bend dr	APT 709
		City/State and Zip Code  Sa Normail - Com  to be used for future annual report notific	
For further information con		·	cation)
-or further information con-	cerning this matter, please ca	att;	
Juliano W Name of P	Nuncs	at ( <u>561</u> ) <u>926 –</u> Area Code Daytime	Ø511 Telephone Number
inclosed is a check for the	following amount:		
S25.00 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:		Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

Zip Code

All in One Installs LL	C 3 3 4 1
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability (Company)
Name of the Limited Liability Compans (A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number 1900010243	were filed on $\frac{4/15/2019}{5}$ and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabile of the limited liabile and contain the words "Limited Liabile and contain the words "Limited Liabile".	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL, 33069
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2322 S cypress bender APT 709 Tompuno Beach, FL, 33069
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

## 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.

City

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Remove
			Change
			□ Add
			[]Remove
			□ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
		<del></del>	□Remove
			☐ Change

	<del></del>			<del>-</del>			<u>-</u>
							<del></del>
				······································	<del></del>		<del></del>
				·			
							·
	·						
			<del></del>				
		<del></del>				<u> </u>	
				<u> </u>		<del></del> -	
						· · · · · · · · · · · · · · · · · · ·	
**-		<del>-</del>			<del>-</del>		<del></del>
n effective d te: If the o	te, if other than late is listed, the da date inserted in the ffective date on the	te must be specific his block does r	c and cannot be p not meet the ap	prior to date of fili plicable statuto:	ng or more than 9	(optiona 0 days after filin ements, this da	l) ig.) Pursuant to 605.02 te will not be listed
cord speci s filed.	fies a delayed ef	fective date, but	l not an effectiv	ve time, at 12:0	l a.m. on the ea	rlier of: (b) 1	The 90th day after th
ed	4/30/	20 <b>2</b> 0		<del></del> ,			
	·		// _	A			
_	<del></del>	Signature	of a member or a	uthorized represe	entative of a men	ber	