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(Requestor's Name)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJE		LLATION, L.L.C		
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	endence concerning this matter	to the following:	
		ALEJANDRA CARVAJA	ıL	
			Name of Person JLL Intal	lation LLC
		3951 PORT SEA PLACE	Fir ti n/Company	
		KISSIMMEE FL, 34746	Address	
		Jllinstallationgroup@gmail.	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please ca	all:	
ALEJA	NDRA CARVAJ	AI.	407 7647809 at ()	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLL INSTALLATION, L.L.C	
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compan	years on our records.)
The Articles of Organization for this Limited Liability Company were filed on	04/26/2019 and assigned
lorida document number L19000114310	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>/ here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	9
	A E CONTRACTOR OF THE CONTRACT
	ر : ا
nter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
3. If amending the registered agent and/or registered office address	on our records, enter the name of the
egistered agent and/or the new registered office address here:	
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

Zip Code

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	JUAN LUIS LOPEZ SOSA	3951 PORT SEA PLACE KISSIMMEE FL, 34746	■ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
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(If an effecti Note: If t	date, if other than the ive date is listed, the date must the date inserted in this bk as effective date on the De	t be specific and cannot be ock does not meet the a	pplicable statutory filir	(optional) nore than 90 days after filing.) Puring requirements, this date will	suant to 605.0207 (3 not be listed as th
the recor) The 90	rd specifies a delayed Oth day after the reco	effective date, bu ord is filed.	it not an effective	time, at 12:01 a.m. on t	he earlier of:
Dated	LIO 11	, 2019 , d fo	thata		
			authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00