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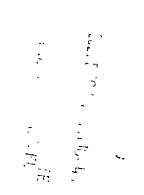
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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A. BUTLER JAN - 8 2022

The UPS Store



6742 Forest Hill Blvd Greenacres, FL 33413 Tel 561-432-0025 Fax 561-432-0057

F /	Floride Det of Staterom: Calar Garalez
Fax:	Phone: 56 5688339
	Date:
Re:	Pages:
<u></u>	gent For Review Please Comment Please Reply Please Recycle
Comm	6/09 W. Novishby C.r. Lele Worth F1 33463



Local Fax \$1.25 SKU 42012



100000120097 Intrastate Fax \$1.99 SKU.42009



International Fax \$5.99 SKU 42006

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF ,
Lennox Audio and Visual 11:C.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:

1

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
MGR	Cales Garz-kez	Address 6109 W. Mayby Cir. Lake worth Fl- 33 463	I Add
		Lake worth Fl- 33 463	□Remove
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, (f necessary.)
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Note: If	e date, if other than the date of filing:
the record s cord is filed	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
Dated	12/14.2021
	Signature of a member or authorized representative of a member
	Calos Gowzluz
	Typed or printed name of signee