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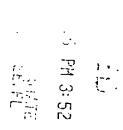
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COVER LETTER

	Registration Se Division of Cor			•	
enbire.	INSTALL	IDEA, LLC			
SUBJEC	I;	Name of Lin	ited Liability Company	<u></u>	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please reti	um all correspo	ondence concerning this matter	to the following:		
		SANCHEZ BELLO, VIC	TOR J		
			Name of Person		
			Firm/Company		
		5815 SW 21ST STREET			
			Address		
	WEST PARK/ FLORIDA 33023				
			City/State and Zip Code		
		ROMINAF@HEATCUSTO			
For further	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	itication)	
	FERREIRA		786 6831441		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed i	s a check for th	ne following amount:			
≡ \$25.00	0 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)	
	lailing Addres		<u>Street Address:</u> Registration Se	ection	
	Division of C	orporations	Division of Cor	rporations	
	O. Box 632		The Centre of T		
L	'allahassee, 1	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTALL IDEA, LLC				
(Name of the Limi	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L Florida document number <u>L20000006750</u>	Liability Company	were filed on 12/30/2019	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	oility company here:		
CUSTOM CLOSETS & MORE LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		5815 SW 21ST STREET		
Principal office address MUST BE A STREET ADDRESS)		WEST PARK		
		FL 33023		
Enter new mailing address, if applicable:		5815 SW 21ST STREET		
(Mailing address MAY BE A POST OFFICE BOX)		WEST PARK	<u> </u>	
		FL 33023		
3. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	ess here:	BLVD	PH 3: 52	
		Enter Florida street	address	
	FORT LAUDE	ERDALE	_, Florida <u>33312</u>	
		City	Zin Code	

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.

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	SANCHEZ BELLO, VICTOR A	260 COMMODORE DR, APT 1215	
		PLANTATION, FL 33325	□Remove
			□Change
MGR	SANCHEZ BELLO, VICTOR J	1916 SW 5TH BLVD	□Add
		FORT LAUDERDALE, FL 33312	□Remove
			■ Change
MGR	MARTIN FERREIRA	3251 W 96TH PL	🖻 Add
		HIALEAH, FL 33018	□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an effec) Note: If	e date, if other than the date of filing:	207 (Las ti
ne record : ord 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	he
Dated _	07/10 2021	
	Ignature of a member or authorized representative of a member	
	Victor avier Souther.	

Filing Fee: \$25.00