# 120000070090

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2022 FEB 18 FH 2: 42

Jame Changl

## **COVER LETTER**

Division of Corporations
SUBJECT: Professional Installation Remodels LLC.
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Bowman Name of Person
Professional Frederican Lemodes LLG Firm/Company
1782. lagon In.
Sebastian, FL 32958
City/State and Zip Code  daniel bown an 0225 @ gmail Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at (772 646 1018
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

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

Street Address: 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

Professional Ins	Hallation	Remodels	LLC.	- P. J.
(Name of the Limited Liability (A Florida Li	imited Liability Com	appears on our records.) Dany)		بر ب
The Articles of Organization for this Limited Liability ConFlorida document number <u>L20000070090</u>	npany were filed (	on <u>3-3-202</u>	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite  Professional Tastalation  The new name must be distinguishable and contain the words "Limite"			or the abbreviation "L.I	"C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on	our records, <u>enter tl</u>	he name of the new	registered
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	E	uer Florida street address		
		, Flo		
	City		Zip 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 Changing Registered Agent, Signature of New Registered Agent

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
<del></del>			
			□Remove
			□Change
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(If an effec   <u>Note:</u>   I	e date, if other than the date of filing: (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
ne record ord is file	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 d.
Dated _	Fcb-14-2022
	D'IR
	Signature of a member or authorized representative of a member
	Daviel Bownw Typed or printed name of signee