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T. MATTHEWS

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COVER LETTER

TO:	Registration Se Division of Cor					
CHINAT'		S R INSTALLATION & SERVICES LLC.				
SUBJE	C1:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please 1	eturn all correspo	ondence concerning this matter	to the following:			
		ANA CLARA PIMENTA				
			Name of Person			
		ACP BUSINESS CONSU	LTING LLC			
			Firm/Company			
		777 BRICKELL AVE 500	-71			
			Address			
		MIAMI, FL 33131				
	City/State and Zip Code					
		ANACLARA@ACPBUSINESSUSA.COM				
			to be used for future annual report notification)			
For furt	her information o	oncerning this matter, please ca	ali:			
ANA C	LARA PIMENTA	۸	407 2336595 at ()			
	Name o	f Person	Area Code Daytime Telephone Number	_		
Enclose	ed is a check for th	ne following amount:				
■ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate o (additional copy is enclosed) Certified Copy (additional copy	f Status & py		
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	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

S R INSTALLATION & SERVICES LLC.

company has been notified in writing of this change.

21 00T 25 PM 3: 20

(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	vere filed on 05/18/2020	and assigned
Florida document number L20000133341		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
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 a	idress on our records, <u>enter th</u>	e 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	
	Flori	da
	Cin	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	performance of my duties, and solvided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is

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 = N $AMBR = A$	Anager Authorized Member	Address 21 007 25 PM 3: 20	
<u>Title</u>	<u>Name</u>	Address 21 OCT 25 PH 3. 20	Type of Action
AMBR	THAIS N FEITOSA	8836 VILLA VIEW CIRCLE, APT. 308	□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🖸 Add
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		· · · · · · · · · · · · · · · · · · ·	□Change
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Effective date, if other than the date of filin	ng: (optional)
	ig:
document's effective date on the Department of	
•	
is record specifies a delayed effective date, but no ord is filed.	at an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
a to mod.	
OCTOBER 2ND	2021
Dated	•
A	
Thous of	Morning Feitora member
Signature of a	mention or authorized representative of a member
_	
THAIS N FEITOSA	