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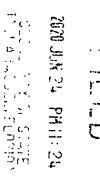
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: _ AR	Installar	tons, LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Amaury	R. Tavarez	
	•	Name of Person	
		Firm/Company	
	C (,) 72 (• •	A
	801 Dal	lard St. Apt.	<u> </u>
	Altamont	e Springs, FL	3270
	denise iciza	City/State and Zip Code My 1983 @ gmail to be used for future annual boort notifie	1.com
	•	•	'
For further information conc	erning this matter, please co	all:	
Amaury R.	Tawarez	al 862 247-	5794
Name of Pe	TSON	all: at (8 & 2) 2 4 7 - Area Code Daytime	Felephone Number (20)
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copys (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

AR Installations, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on \(\begin{aligned} \lambda \lambd
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	- · · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	801 Ballard St. Apt G
(Principal office address MUST BE A STREET ADDRESS)	801 Ballard St. Apt G Altamonk Springs, FL 3270
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
	(5° (N)
New Registered Office Address:	Enter Florida street address
	City Florida Zin Sode
	- Zipicede

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
AP	Denise A. Irizan	y 8(e) Ballard St. Apt G	□Add
		Mel Ballard St. Apt G Altamonte Springs, FL 32701	Remove
			□Change
1 <u>GMR</u>	Amaury R. Tavarez	861 Ballard St Apt G	J Add
		861 Ballard St Apt G Altamonte Springs, FL 32701	□Remove
		32701	□Change
			🗆 Add
			□Remove
			□Change
			□Add
			ERemove
			S. Change
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			P □Remove
			□Change
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effective date is listed,	the date must be:	specific and o	cannot be prior to date	of filing or mo	ore than 90 days after requirements, thi	r filing.) Pursuant to 605. s date will not be liste
ment's effective da	te on the Depar	tment of Sta	ate's records.	,		
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ord specifies a defay filed.	yed effective da	te, but not a	in effective time, at	12:01 a.m. o	m the earlier of: (b) The 90th day after
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d 6-18 _ am _Amai	aury V	2. Va	warz ember or authorized r	epresentative (of a member	