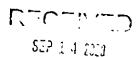
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(Reque	estor's Name)			
(Addre	ss)			
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(City/S	tate/Zip/Phone #	<i>‡</i>)		
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OCT 23 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: Renego	ade Service Name of Limite	S and Installated Liability Company	ions LLC		
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all corresponden	ce concerning this matter to	the following:			
_	Christophe	Sheffield Name of Person			
_		Firm/Company			
_	54027 Mai	188 Rd Address			
_	Callakan, F	L 32011			
_	Snefield cdi	w Cymail. Com be used for future annual report noti	fication)		
For further information concer					
Christopher S	Sheffield on	at (GDU) 517- Area Code Daytim	6203 e Telephone Number		
Enclosed is a check for the fol	lowing amount:				
□ \$25.00 Filing Fee	太30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	orations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nd Installa	tions LLC &		
y were filed on <u>Flu</u>	Sust 12, 200 and assigned 6.		
	3 <u>4</u>		
bility company here:			
ility Company." the design	nation "L.L.C." or the abbreviation "L.L.C."		
			
			
address on our recor	rds, enter the name of the new registered		
New Registered Office Address: Enter Florida street address			
Florida			
City	Zip Code		
· i	address on our recor		

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>	<u>Address</u>	Type of Action
AMBR	Christopher Sheffield	54027 Marles Rd	t X ∆dd
		Callahan, FL 37011	□Remove
			Kehange
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗀 Add
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			□Change
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			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective 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 (3)(b) _ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member

Typed or printed name of signee