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(Re	questor's Name)	·- ·
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor	porations		
Sitt	Ewart Install	ataa	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jeren	Stautt  Stautt  Stautt  Stautt  Stall of the	
	0	Same of Person	
	5£	Pirm/Company	
	17439 19	shell land Address	
	Odlssa,	F2 33556 City/State and Zip Code	(2.5)
	Signa	City/State and Zip Code	PACTOR TAKE
	E-mail address: (	in Stall at the Eyuhace (to be used for future annual report notification)	SEP .
For further information c	oncerning this matter, please c	all:	<u> </u>
Jereny	Stewert	at (813) U29-134 Area Code Daytime Telephone	ZOZI SEP 13 PM 7: 20 TA(LAHA) SEP 17: 20 Sumber
Name o	f Person	Area Code Daytime Telephone	Number 2 8
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of Tallahasse	e
Tallahassee, 1	FL 32314	2415 N. Monroe Street, S	Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silwart	- Installat	ran	
( <u>Name of the Limited</u> (Λ	Liability Company as it Florida Limited Liability	now appears on our record Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liab	oility Company were f	iled on <u>Slpilmhl</u>	73, 2020 and assigned
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	-	mpany here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Com	pany," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET)	ADDRESS)		2021 SEP
Enter new mailing address, if applicable:			5-5 TO 100
(Mailing address MAY BE A POST OFFICE BO	<u></u>		रिवास प्रदेश के प्राथमिक स्थापन स स्थापन स्थापन
			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or reg agent and/or the new registered office address		s on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	Lindsey	Stewart	<del></del>
New Registered Office Address:			
		Enter Florida street addre.	SS
			lorida
	Cit	y.	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
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	J	17439 Iskell LA.	, □Remove
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i effective date is liste	d, the date must be sp	ecific and cann	ot be prior to da	ate of filing or	nore than 90	(option: days after file	ng.) Pursua	nt to 605,0
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