L2000332046

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	
	<u>-</u>	

Office Use Only



100355496811

11/24/20--01001--005 **25.00

2020 NOV 23 PM 3: 08

2020 1:0V 23 AX 54

NOV 2 1 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mabe Production & In	stallation, LI	.c.		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			 	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
		:	.	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	- 			Fictitious Owner Search
J				Vehicle Search
				Driving Record
Requested by: SETH	11/20/20		— 	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In Thom (aville GA 8/00	Will Pick Up			Courier

COVER LETTER

то:		istration Sect sion of Corpo			
SHRIF	Ст.	Mabe Produc	tion & Installation, LLC.		
o c c c c c c c c c c c c c c c c c c c	•••			ited Liability Company	
The encl	losed	Articles of A	nendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspond	lence concerning this matter	to the following:	
			Lorraine Mabe		
				Name of Person	<u> </u>
			Mabe Production and Insta	allation, LLC.	
				Firm/Company	
			924 Fairlane Dr Unit 2		
				Address	
			Lakeland, FL 33809		
				City/State and Zip Code	
			E-mail address: (t	to be used for future annual report	notification)
For furth	er inf	ormation con	cerning this matter, please ca	ili:	
		Name of Po	erson	at () Area Code Da	ytime Telephone Number
Enclosed	lisao	check for the I	following amount:		
\$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Centificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MABE PRODUCTION & INSTALLATION, LLC.

(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 were filed on 10/27/2020 and assigned Florida document number _____L20000332046 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MABE PRODUCTION AND INSTALLATION, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

. Florida

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
			Remove
			Change
			□ Add
			□ Remove
			Change
			Change
			
			Remove
			Change
			
			Remove
			Change
			☐ Remove
			□ Change

	· , ,
-	
•	
	
 -	
	
·	
	
ffective date, if othe	r than the date of filing: (optional)
an effective date is listed,	r than the date of filing:
	te on the Department of State's records.
record specifies	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	er the record is filed.
,	
November 19	2020
ated	
	Day be
	Signature of a member or authorized representative of a member
	- •
Lorraine Ma	bc
<u></u>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00