# 12100004529

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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## Tax Professional Services, LLC

A Financial Services Corporation 1105 W Maple Ave Geneva, Al. 36340 334-684-6398 334-684-7193 -fax www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, Alabama Association of Accountants, American Society of Problem Solvers

February 23, 2021

FLORIDA DEPARTMENT OF STATE AMENDMENT SECTION DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE, FL. 32314 2021 MAR -2 PH 3: 06
SECRETARY OF STATE

To whom it may concern,

Enclosed you will find: Articles of Amendment, check for payment and a self addressed & stamped envelope.

Please register the enclosed Articles of Amendment for JMS Installers, LLC and return to us in self addressed envelope provided Cert#: 7018 0360 0000 7625 3079.

Thank you,

Ulli Steiner

Tax Professional Services, LLC

Enc.

Cert#: 7018 0360 0000 7625 3062

#### **COVER LETTER**

	gistration Se rision of Cor					
SUBJECT:	JMS Installe	ers, LLC				
SUBJECT,		Name of Lim	ited Liability Company		_	
The enclosed	f Articles of .	Amendment and fec(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Ulli Steiner				
			Name of Person			
		Tax Professionla Services.	LLC		50 A.	
			Firm/Company			
		1105 W Maple Ave			2021 MAR -2 SEGRETAR GLLAND	ern.
			Address		17-5	Ī
		Geneva, AL. 36340			PN 3: 05	
			City/State and Zip Code			-
		ulli@taxprolle.com	17. 6	,,	-	
For further in	nformation co	n-mail address: () oncerning this matter, please ca	to be used for future annual report notifull:	ication)		
Ulli Steiner			334 684-6398 at ( )			
	Name of	Person		e Telephone Numb	ber	
Enclosed is a	n check for th	e following amount:				
<b>■</b> \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ed Copy nal copy is enclose	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMS Installers, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our record nited Liability Company)	<u>is.</u> )
the Articles of Organization for this Limited Liability Com	pany were filed on 02/05/2021	and assigned
lorida document number L21000064529		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	I liability company here:	
MS Infrastructure, LLC		ce -
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	or the abbreviation L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRES	<u></u>	图5 人 三
		SSO - 50
		170
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		<del></del>
James Mill DE TIT OUT OF THE DOM		
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. If amending the registered agent and/or registered of	fice address on our records, enter	the name of the new registe
gent and/or the new registered office address here:	rect address on our records, ener	the name of the new registr
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	
	inter 1 am acc sir ces address.	•
		orida
	City	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 603, 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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ective date, if other than then a effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	ock does not r	meet the appli	cable statutor	g or more than 9 y filing require	(option 00 days after f ements, this	<b>nal)</b> iling.) Pu date wil	ersuant (	o 605.020 e listed a
cord specifies a delayed effective s filed.	e date, but no	t an effective t	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 9	0th day	after th
red February 23		; 2021						
17 to the	7							
	Signature of a	member or auth	orized represe	itative of a men	ber			_