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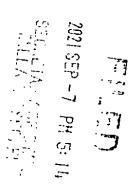
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| Division of Cor | porations | | | |
|-----------------------------|----------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|
| SUBJECT: 50 | n Smart Installati | ons, LLC | | |
| | Name of Lin | nited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| · | - | - | | |
| | Charmin | Sm:44 Name of Person | | |
| | | Name of Person | | |
| | 10. | | | |
| | | rersy LLC Firm/Company | | |
| | | rim/Company | | |
| | 1401 H,00 | EN OAKS BEND Address | | |
| | | Address | | |
| | SAINT C | Coup FC 34771 City/State and Zip Code | | |
| | | City/State and Zip Code | | |
| | charmin @ su | to be used for future annual report notificat | | |
| | E-mail address: (| to be used for future annual report notificat | ion) | 20 |
| For further information of | oncerning this matter, please c | all: at (6/4) 5/7-26 Area Code Daytime Te | | 21 SEF |
| Charmin | Ta: +6 | at 614 \ 517-20 | | |
| Name o | f Person | Area Code Daytime Te | lephone Number | 77 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| | | | · • | |
| | | | - | Jie in |
| Enclosed is a check for the | he following amount: | | · | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Cop (additional copy | f Status & Dy |
| | | | • | |

TO:

Registration Section

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

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | ·· · |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L 21000115913</u> . | were filed on March 11, 202 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u>. </u> |
| (Principal office address MUST BE A STREET ADDRESS) | 1404 Hamlin Avenue | Unit I |
| | 1404 Hamlin Avenue Saint Cloud, FC | 3 4 7 7 / |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 1404 Hamlin Avenue | Unit I |
| | 1404 Hamlin Avenue Saint Cloud, FC | 34771 |
| | • | 70 ZZ |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | ddress on our records, <u>enter the na</u> | me of the new registered |
| agent and of the new registered office address here. | | |
| Name of New Registered Agent: | | P A |
| Name of New Registered Agent. | | नाः धा |
| New Registered Office Address: | Enter Florida street address | |
| | Emer runiaa sireet aaaress | |
| | , Florida _ | Zip Code |
| | ~~· y | |

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> | <u>Address</u> | Type of Action |
|--------------|---------------------|-----------------------|----------------|
| AMBR | Chernia Smith | 1401 Hidden Only Bend | Add |
| | | Sa: + Clark, FC 34771 | □Remove |
| | | | Change |
| AMBR | JB Energy, LLC | 10247 Dwell Cf. #30 | 6 D&Add |
| | | orlando, FC 32832 | □Remove |
| | | | □Change |
| AMBR | WALLACE Energy, LIC | 302 2nd Terrace | |
| | | Key Large, FC 33037 | Remove |
| | | Key Largo, FC 33037 | Add Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

Typed or printed name of signee