L21 000224708

(Requestor's Name)	
(Address)	
(Address)	
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(C) (C) A G (C) (D)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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95/19/22--01911--014 **25.00

T. MATTHEWS JUL - 8 2022

COVER LETTER

B&D INSTALL LLC SUBJECT:	
SUR IFCT:	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bea Coker	
Name of Person	
My Business Consultants	
Firm√Company	
PO Box 15	
Address	
Lake City, FL 32056	
City/State and Zip Code	
floridanotary.lakecity@gmail.com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Bea Coker 386 697-6075	
Name of Person Area Code Daytime Telephone Number	_
isame of reison Area Code Dayonie Tetephone sumber	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	Status & y
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

B & D Install, LLC

22 MAY 10 PH 12: 13

(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 Comp. Florida document number L21000224708	any were filed on 05/	14/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
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 offi agent and/or the new registered office address here:	ice address on our re	cords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I homebu account the consciutor and account and I amount and		. 10 4	

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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
		 	□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			Remove
			□ Change
			\ _Add
			□Remove
			□ Change

Article III to read: "The Cor	mpany will conduct any such legal activities as such is allowed under the law*
	
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	data of Glima
	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
if the date inserted in this bloment's effective date on the Delication	ock does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
med.	
March 29	2022
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