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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO:

Registration Section

Division of Corpo	orations							
SUBJECT:1	Stop Insta	Jation Services ited Liability Company	LLC					
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.						
Please return all correspond	lence concerning this matter	to the following:						
		Esty Cojuste Name of Person						
		Firm/Company						
	2867	SW 10th ST	2021 SEC TA					
		Address erclole, FL 332 City/State and Zip Code in e	JUL 26 PM 2: 05 RETARY OF STATE LLAHASSEE, FL	֖֖֖֖֭֭֭֓֞֞֞֜֞֞֝֜֜֞֝֞֓֓֓֞֜֜֞֡֓֓֡֓֡֓֞֜֜֡֡֓				
For further information con	cerning this matter, please ca	all:						
ES- Name of F	ty Cojuste	at (<u>954)</u> <u>214</u> Area Code Daytin	-8472 e Telephone Number					
Enclosed is a check for the	following amount:							
☐ \$25.00 Filing Fee .	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose					
Mailing Address: Registration Se		Street Address: Registration Se						
Division of Cor P.O. Box 6327	rporations	Division of Corporations The Centre of Tallahassee						
Tallahassee, FL	. 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Stop] (Name of the Limitel Liab)	Instalation Services LLC ity Company as it now appears on our records.) la Limited Liability Company)
	Company were filed on $\frac{7-09-21}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin 1 STOP INS to The new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name of the line new name new name of the line	Inited liability company here: Office Services LLC Inited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	Not opplicable
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not applicately 2
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 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
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