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COVER LETTER

Tallahassee, FL 32314

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| SUBJEC | | EP EXPRESS INSTALLATION LLC Name of Limited Liability Company | | | | |
| SUBJEC | .1. | | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | | | |
| | | ELIET E PENA DELGAD | 00 | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
| | | 10104 LAZY CREEK CT | | | | |
| | | | Address | | | |
| | | TAMPA, FL 33615 | | | | |
| | | | City/State and Zip Code | | | |
| | | E-mail address: (| to be used for future annual report n | otification) | | |
| For further | er information e | oncerning this matter, please c | all: | | | |
| ELIET E | PENA DELGA | DO | 832 902-8513 | | | |
| | Name o | f Person | | ime Telephone Number | | |
| Enclosed | is a check for th | ne following amount: | | | | |
| \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Addres | | Street Address: | · | | |
| | Registration S Division of C | | Registration S Division of C | | | |
| | P.O. Box 632 | | The Centre of | = | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 SEF 15 PM 3: 07

EP EXPRESS 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 $\frac{07/26/2021}{1}$ _____ and assigned Florida document number 1.21000338524 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 of the new 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.

__ , 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

21 SEP 15 PH 3: 07

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|---------------------|----------------|
| AP | ELIET E PENA DELGADO | 10104 LAZY CREEK CT | |
| | | TAMPA, FL 33615 | |
| | | | □Change |
| MGR | ELIET E PENA DELGADO | 10104 LAZY CREEK CT | = Add |
| | | TAMPA, Ft. 33615 | □Remove |
| | | | □Change |
| | | <u> </u> | □Add |
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| | (optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the applicable statutory filing requirements, this date will not be listed |
| and a streetire date on the trepartment of state | S records. |
| d specifies a delayed effective date, but not an eled. | effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| SEPTEMBER 10 20 | 021 |
| V Com | |
| | per or authorized representative of a member |

Filing Fee: \$25.00