## L21000374064

| (Re                                     | questor's Name)   | <del></del>                     |  |
|---|-------------------|---------------------------------|--|
| (Ad                                     | ldress)           | · · - · · · · · · · · · · · · · |  |
| (Ad                                     | dress)            |                                 |  |
| (Cit                                    | ty/State/Zip/Phon | e #)                            |  |
| PICK-UP                                 | ☐ WAIT            | MAIL                            |  |
| (Bu                                     | siness Entity Nar | me)                             |  |
| (Do                                     | cument Number)    | )                               |  |
| Certified Copies                        | _ Certificate     | s of Status                     |  |
| Special Instructions to Filing Officer: |                   |                                 |  |
|   |                   |                                 |  |
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|   |                   |                                 |  |





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10/02/24--01016--008 \*\*25.00



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT:  |  |  |  |   |
|---|--|--|--|---|
|   |  | Name of Lim  | ited Liability Company   |   |
| The enclosed  | d Articles of  | Amendment and fee(s) are sub   | mitted for filing.   |   |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  (additional copy is enclosed)  (additional copy is enclosed) |  |  |  |   |
|   |  | Fabio Gabriel  |  |   |
|   |  |  | Name of Person   |   |
|   |  |  | Name of Limited Liability Company  endement and fee(s) are submitted for filing.  ence concerning this matter to the following:  Fabio Gabriel  Name of Person  Firm/Company  936 MANDARIN ISLE:  Address  FORT LAUDERDALE, FL 33315  City/State and Zip Code  **ginstallationservices@gmail.com**  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  954  Area Code  1954  Area Code  Daytime Telephone Number  Dillowing amount:  \$ |   |
|   |  | 936 MANDARIN ISLE  |  | filing. owing:  me of Person  Address  te and Zip Code  for future annual report notification)  954 |
|   |  |  | Address  |   |
|   |  | Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:    Fabio Gabriel |  |   |
|   |  |  | Address  ORT LAUDERDALE, FL 33315  City/State and Zip Code Installationservices@gmail.com  E-mail address: (to be used for future annual report notification)  ing this matter, please call:  1954   |   |
|   | Reference of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    Fabio Gabriel |  |  |   |
| For further in  | nformation co  |  |  | ation)  |
| Fabio Gabri   | el   |  |  |   |
|   | Name of  | f Person   | Area Code Daytime  | Felephone Number  |
| Enclosed is a   | s check for th   | ne following amount:   |  |   |
| <b>■</b> \$25.00 F  | Filing Fee   | •  | Certified Copy   | Certificate of Status & Certified Copy  |
|   |  |  |  | ion   |
|   | _  |  | <del>-</del>   |   |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FG INSTALLATION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A rional Limita   | Clability Company)                                   |  |
|--|--|--|
| The Articles of Organization for this Limited Liability Company  | were filed on 08/20/2021                             | and assigned   |
| Florida document number L21000374064   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liab  | oility company here:                                 |  |
| FABIO GABRIEL LLC  |  |  |
| The new name must be distinguishable and contain the words "Limited Liab   | lity Company," the designation                       | "LLC" or the abbreviation "L.L.C."                             |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |  |
|  |  | 24   |
|  |  | OCT F  |
| Enter new mailing address, if applicable:  |  | -2 F   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | Fig. 2. 5  |
|  |  | :  |
|  |  | 85 <b>5</b>  |
| B. If amending the registered agent and/or registered office   | address on our records, <u>e</u>                     | nter the name of the new registered                            |
| agent and/or the new registered office address here:   |  |  |
|  |  |  |
| Name of New Registered Agent:  |  | <del> </del>   |
| New Registered Office Address:   |  | · · · · · · · · · · · · · · · · · · ·                          |
|  | Enter Florida street a                               | ddress   |
|  |  | . Florida  |
|  | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agents  | •  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my dutie<br>provided for in Chapter 6 | s, and I am familiar with and 05, F.S. Or. if this document is |
|  |  |  |

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 = | <b>Authorized Member</b> |

| <u>Title</u> | <u>Name</u> | Address     | Type of Action |
|--------------|-------------|-------------|----------------|
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| D. II ame           | ending any other info   | ormation, enter                             | change(s) nere                            | :: (Allach addi     | tional sheets, if n   | ecessary.)                            |                               |
|---------------------|---|---|---|---------------------|-----------------------|---------------------------------------|-------------------------------|
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| E. Effecti          | ive date, if other that   | n the date of fili                          | ng:                                       |                     | (or                   | otional)                              |                               |
| (If an eff<br>Note: | ective date is listed, the da<br>If the date inserted in the tent's effective date on | te must be specific a<br>his block does not | and cannot be prior<br>t meet the applica | able statutory fil  | more than 90 days a   | fter filing.) Pursuant to 6           | 605.0207 (3)(<br>isted as the |
| f the recor         | d specifies a delayed ef<br>led.  | fective date, but no                        | ot an effective ti                        | me, at 12:01 a.m    | i. on the earlier of: | (b) The 90th day as                   | fter the                      |
| Dated               | September, 20th   | d   | 2024                                      |                     |                       |                                       |                               |
| ~ucu ,              |   |   |   | <del></del> ·       |                       |                                       |                               |
|                     |   | Signature of a                              | a member or autho                         | orized representati | ve of a member        |                                       |                               |
|                     | Fabio Gabriel   |   | <i>-</i>                                  |                     |                       |                                       |                               |

Typed or printed name of signee