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Certified Copies	_ Certificate	s of Status
		
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: 4 & G Installation	n and Service
Nume of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Ocal D	Name of Person
YEG IN	Firm/Company
2191 Papa	Address
WB-fc	City/State/and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please cal	N:
Osusy Dallon Dodaya	2 at (561) 838 3254 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
<u></u>	
\$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on and assigned and assigned
This amendment is submitted to amend the fol	lowing:
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 "L.L.C."
Enter new principal offices address, if appli	cable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our records, <u>enter the name of the new registere</u> ess here:
Name of New Registered Agent: New Registered Office Address:	2191 Paper Down Enter Florida street address (2015 Pala Paper) 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member 21 OCT 12 PH 2: 26 <u>Title</u> <u>Name</u> Address Type of Action □Remove Change □Remove ☐ Change □Remove Change \square Add Remove □ Change \square Add □Remove □ Change \square Add Remove Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad

or removed from our records:

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 0CT 12 PH 2: 26
- E-04	
	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ecord is	
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Date	Detorne C. The 2001
Date	
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	Signature of a member or authorized representative of a member
	Signature of a memoer of additionized representative of a memoer
	Signature of a member of additional representative of a member

Filing Fee: \$25.00