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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|-------------|
| SUBJECT: RF CABINET INSTALLER LLC Name of Limited Liability Company | 5,707 |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | 20 |
| Please return all correspondence concerning this matter to the following: | ". <u> </u> |
| Roy L Ferrell Jr. Name of Person RF CABINET INSTALLER 44C | C: C3 |
| Firm/Company | |
| 12012 Colonial Estates Lave | |
| Riverview, FL 33579 City/State and Zip Code Four leeferre lagmail. Com F-mail address: (to be used for futtire annual report notification) | |
| roylee terrell agmail. Com | |
| For further information concerning this matter, please call: | |
| Roy L. Ferrell Jr. at (213) 895-8669 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified (| of Status & |
| Mailing Address;Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations | |

P.O. Box 6327 Tallahassee, FL 32314

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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RL CARTNET INSTALLER LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (A FIOTIDA LIMBED | Lianiniy Company) | |
|--|-----------------------------|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>LJ2</u> 000303136 | were filed on | 1/07/2022 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab \mathcal{N}/\mathcal{A} | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designa | tion "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 office | address on our record | ls, 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: | | <u> </u> |
| | Enter Florida sn | ver address |
| · - · · · · · · · · · · · · · · · · · · · | City | Florida Zip Code |
| | ~", | rap Couc |

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

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 |
|--------------|-------------------|---|----------------|
| MGR | Roy L Ferrell Jr. | 12012 Colonial Estates LAN Riverview, Fl 33579 | DIAdd |
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| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be | e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 applicable statutory filing requirements, this date will not be listed |
| ument's effective date on the Department of State's rec | |
| | |
| | tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| s filed. | |
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| (Way I of a | r authorized representative of a member |

Filing Fee: \$25.00