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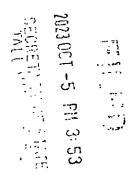
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CÓVER LETTER

TO: Registration Se Division of Cor			•
subject: M	urphy Instal	lations LLC ted Liability Company	··
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	4322 SW	Name of Palson Astallations UC Firm Company 19th Avenue Address J, FL 33914 City State and Zip Code by Installs @ gmain of the used for future annual report notifical	PH 3: 53
	dannymurph	hy installs@gmai	1.com
For further information c	e-mail address: (t oncerning this matter, please ca		ation
Danny Mane o		a 502 345 -	4518 elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filling Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations Iahassee
Tallahassee, 1	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

	stallations LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000522389</u>	impany were filed on $17/13/2022$ and assigned
Florida document number L22000522389	t '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	9 28 20 CO
The part office many costs of the property of the part	
	925. · · · · · · · · ·
C. A	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u>ొద్ద డు కాళ్</u> హైకె రు
	<u></u>
B. If amending the registered agent and/or registered o igent and/or the n <u>ew registered office address here</u> :	office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
June of Asia Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Enter Frontice Street districts
<u> </u>	. Florida Zip Code
	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

Title	Name	Address	Type of Action
AMBR	Karianne Murphy	4322 SW 19th AVE	'JAdd
		4322 SW 19th Ave Cape Coral, FL 33914	Remove 3 Cf
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ective date, if other than the date of filing: $\frac{ 2 13 20}{}$	22 (optional)
i effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing re	than 90 days after thing.) Pursuant to 605,020
nument's effective date on the Department of State's records.	
cord 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
s filed.	,
01.12027	
30 8 1 8 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
Signature of a member or of thorized representative of Kariant Murphy Typed or printed name of signee	