L23000096818

(Req	questor's Name)		
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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations				
JSW Instal	laions LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Skyi Hubbard				
		Name of Person			
	New Business Filing LLC				
		Firm/Company	·		
	8170 Washington Village	Dr		2 02:	
		Address		3 HAI	-=7
	Dayton Ohio 45458			R 20	ec.
	skyi@newbusinessfiling.or	City/State and Zip Code		2023 MAR 20 PM 3: 0	
		to be used for future annual report notifi	ication)	3: 0 . Fals	*
For further information of	oncerning this matter, please c	all:		::: -	
Jeffrey Warner		516 881-0114 at ()			
Name o	f Person		Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres Registration	Section	Street Address: Registration Sec			
Division of C	orporations	Division of Corp	porations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSW INSTALLIONS LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	<u>5.)</u>
The Articles of Organization for this Limited Liability Compar Florida document number <u>L23000096818</u> .	ny were filed on 02/22/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
JSW Installations LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		73 7
Time par office address most see most see		T AR
		7 N 7
		CO
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		· = =
 If amending the registered agent and/or registered offic agent and/or the new registered office address here: 	e address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
	Flo	orida
	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

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
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			□Remove
			Change
			□Add
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Tective date, if other than the an effective date is listed, the date mus	date of filing: be specific and cr	annot be prior to	date of filing	or more than 90	(option days after file	al) ing.) Pur	suant to	605.02
ote: If the date inserted in this blocument's effective date on the De	ock does not me	et the applical	ole statutory I	iling requirem	<u>ent</u> s, this d	ate will	not be	listed :
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record specifies a delayed effective is filed.	date, but not ar	n effective tin	ne, at 12:01 a.	m. on the earl	ier of: (b)	The 90	th day a	after th
		2022						
March 16	·	2023						
	Signature of a me							