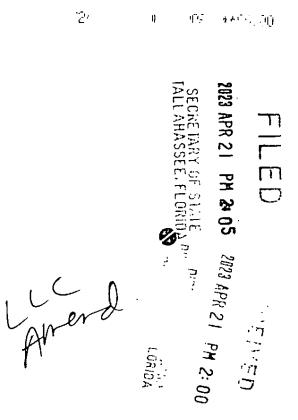
L23000133575

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TO:

Registration Section Division of Corporations

SUBJECT: WILSO	n Installati	ON Service ited Liability Company	sille	
The enclosed Articles of Amo	endment and fee(s) are sub	mitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
		Mark Wilson Name of Person	<u> </u>	
	Wils	ON Installa	tion Services, LL	. (
-	919	Hammock H	Rd	
			34601	
_	E-mail address: (#	pwils 500 cm.ci) 6 be used for future annual re	port notification)	
For further information conce	erning this matter, please ca	ıll:		
Name of Per	K Wilton	at (<u>352</u>) <u>7</u> Area Code	Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount:			
225.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	j
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations	Division of The Central 2415 N. M.	Iress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	npany as it now appears on ed Liability Company)	CLS, LL our records.)	<u>C</u>		
The Articles of Organization for this Limited Liability Compa Florida document number $\underline{L23000133575}$.	iny were filed on 3	/15/23	a	nd assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:				
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design	nation "L.J.C" or the ab	breviat	ion "L.l	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				202	
(Frincipul office dudiess MOST BE A STREET ADDRESS)		r r	- (이 - > 건:	A.R	771
Enter new mailing address, if applicable:			TARY	R 21	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u>或</u>	
			TATE ORIO	<u>.</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our recoi	rds, <u>enter the nam</u>	ie of t	he new	<u>registered</u>
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida s	street address	- -		
		Florida			
	City		Ziţ	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 919 hammocked Brooksville, Fl 34601 Mark Wilson AMBR _____ □Remove Change AMBR Halie Wilson 919 Harmock rd JAND Brooksv. 11e. FL, 34601 Remove _____ □Change _____ □Remove _____ □Change _____ □Add ______ □Remove

□Remove

_____ □Change

		
_		
		
in effective date is lis ote: If the date ins	ther than the date of filing:	207 (as t
ecord specifies a d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
ited	April 21. 2023.	
	Mostle Wilson Signature of a member or authorized representative of a member	
	Mg/k W/kon Typed or printed name of signee	