5/5/23, 12:07 PM

Division of Corporations

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## Florida Department of State

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(((H23000168958 3)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Z AND E INSTALLATION LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z AND E INSTALLATION LLC		
( <u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Compan	oears on our records.) y)	<u> </u>
The Articles of Organization for this Limited Liability Company were filed on	04/25/2023	and assigned
Florida document numberL23000206862		
This amendment is submitted to amend the following:		
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	e designation "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;		
<ol> <li>If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:</li> </ol>	records, enter the na	me of the new register
<del></del>		202
Name of New Registered Agent:	<u> </u>	د <u>ب</u> 
New Registered Office Address:		
	iorida sti cet address	<u>-</u>
Enter Fa		-0
<del></del>	, Florida	<u> </u>
Clty  ew Registered Agent's Signature, it changing Registered Agent:	, Florida _	Zip Code; ∼

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

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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
AMBR	ZACHARY WHEELER	500 EAST KENNEDY BLVD., SUITE 100	□ Add
		TAMPA, FL 33602	≘Remove
			□Change
<del></del>			□Add
			□Remove
			□Add
			□Remove
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Dod	
	we date, if other than the date of filing:  citive date is listed, the date must be specific and cannot be prior to date or filing or more than 90 days after filing.) Pursuant to 605.020.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sat's effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an offective time, at 12:0) u.m. on the earlier of: (b) The 90th day after the
Dated 9	May 5th . 2023.
	Signature of a member or authorized representative of a member
	ERIN WAEBLER
	Typed or printed name of signee

Filing Fee: \$25.00