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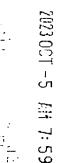
(Requestor's Name)
(Address)
(Address)
(33333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Codification of Contract
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

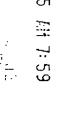
Office Use Only



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COVER LETTER

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TO:	Registration Section Division of Corporations				
emb ie	ici Liberty	Installati	ION SECULIES		
SODJE.	ect: Liberty:	Name of Lim	ited Liability Company		
The end	closed Articles of Amendmen	t and fee(s) are sub	mitted for filing.		
Please i	return all correspondence con	cerning this matter	to the following:		
		oshua s	Soyder		
			Name/of Person		
	<u>:</u>	becty J	Enstallation Firm/Company	Servic	<u>ರ</u>
			Firm/Company		
	706	66 York	st unit b		-
	En	ALE MOOD	FL 34224 City/State and Zip Code Lation repair C to be used for future annual rep		
		1	City/State and Zip Code	1	
	<u> Lib</u>	E-mail address: (to be used for future annual rep	Inotification)	Com
For furt	ther information concerning t				
7			A 4. (14)		
7	OSHUA S. S. Name of Person	496L	at (<u>94)</u>) <u>44</u> Area Code	Daytime Telepho	one Number
Enclose	ed is a check for the following	! amount:			
□ \$2:		0 Filing Fee &	※ \$55,00 Filing Fee &		\$60.00 Filing Fee.
	Ceri	ificate of Status	Certified Copy (additional copy is enclose	d)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liberty In Stallat	tion Services	LLC	2023 OCT -5 7.11 7: 59
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears da Limited Liability Company)	on our records.) 09/26/2023	TÄLL,
The Articles of Organization for this Limited Liability	Company were filed on <u> </u>	9-28-20	and assigned
Florida document number <u>L 230004452 U</u>	6		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
Liberty In Stallation at	nd Repair L mited Liability Company," the de	L C signation "LLC" or th	ne abbreviation "ilC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ending name, enter the new name of the limited liability company here: Principal offices address, if applicable: I office address MUST BE A STREET ADDRESS) w mailing address, if applicable: I address MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new registered		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		cords, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
	City	, Florida	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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
		 	Change
			□Remove
			□Change
			□ Remove
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add

_____ □ Remove

1	New phone number - 941-441-8662
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an effe <u>ote:</u>	the date, if other than the date of filing: (optional) crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ecore is file	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 d.
ated_	10-2-2023
	1 nar
	The state of the s