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COVER LETTER

TO:	Registration Se Division of Cor				
	INSTALLA	TION & SEVICES KILLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		KERWINS J SOTO SANT	ANA		
		<u> </u>	Name of Person		_
		INSTALLATION & SEVI	CES BY KJ LLC		
			Firm/Company		_
		9380 SW 170TH PATH 8-1	802		
			Address		_
		MIAMI FL-33196			
		sotokerwins397@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
For fu	ther information co	oncerning this matter, please ca	all:		
kerwir	is J Soto Santana		863 55823	55	
	Name of	(Person	at () Area Code	Daytime Telephone Numb	er
Enclos	ed is a check for th	ne following amount:			
□ \$2	5.00 Filing Fee	\$2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

INSTALLATION & SEVICES BY KILLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NNOVATION AND CONSTRUCTION KJ LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2 <u>0</u>
	-	· <u></u> -
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		 ত
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Villee Address.	Enter Florida street address	
	, Florida	1
-	City	Zıp 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
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
 -		 	□Add
•			□Remove
			□Change
			□∧dd
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Effective date, if other if an effective date is listed, if Note: If the date inserted document's effective date	ie date must be speci in this block does	ific and cannot be prices not meet the appl	icable statutory filin	(optic ore than 90 days after g requirements, this	filing.) Pursuant to 605.020
e record specifies a delayerd is filed.	d effective date. b	ut not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Jul 5 Dated		2024			
		X in ()	horized representative		
	C:	and a market of	harizad rapraeantativa	of a member	

Filing Fee: \$25.00