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SECRETARY OF STATE
TALLAHASSEF, FINALE

D. BRUCE

JAN 13 2010

**EXAMINER** 

## **COVER LETTER** •

TO:	Registration Sect Division of Corpo					
SUBJE	CT:	Joseph A	. Saladino, LLC			
20202	<u> </u>		ted Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspond	lence concerning this matter	to the following:			
		Joseph A. Saladino,		_		
	Name of Person					
		Joe's Electrical Service & Repair, LLC				
Firm/Company						
	16142 Eagle Watch Drive					
Address  Tavares, FL 32778		•				
	City/State and Zip Code		•			
		E-mail address: (t	e.salad@yahoo.com o be used for future annual report notif	ication)	#	
For furtl	ner information con	cerning this matter, please c	·		SECRETALLAHA	_
	Joe	Saladino	at ( 321 )	228-9825	IARY ASSE	
	Name of P	erson	Area Code & Daytim	e Telephone Numbe	Administration of the Control of the	П
Enclose	d is a check for the	following amount:			AH II: 43 OF STATE E. FLORIDA	D
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified	ate of Status &	
		G ADDRESS:	STREET/COURI Registration Section			

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Josep	h A. Saladino, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	<u>ity Company as it now appea</u> a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	June 11, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li			
The new name must be distinguishable and end with the w"L.L.C."	AL SERVE 25 vords "Limited Liability Comp		'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			10 JAN 12 SECRETARY C
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on ddress here:	our records, <u>enter</u>	the siam Eof the ex
Name of New Registered Agent:			
New Registered Office Address:	Fo	nter Florida street aa	'dress
	Li		TT # 20
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<del> </del>		Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	TALLAHAS
<u> </u>		Š	NIZ MH: 43 SSEE FLORE
Dated	TV v	or or authorized representative of a member	
	Cha	ad A. Walters, Esq.	

Page 2 of 2

Filing Fee: \$25.00