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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT M | AIL, |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status _ | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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2018 PEC -9 P # 3)
SECRETARY OF STATE

S Warren

DEC 12 2016



December 2, 2016

ANTONIO ANDERSON 882 6TH STREET WINTER HAVEN, FL 33881

SUBJECT: YARDEZ ELECTRIC LLC

Ref. Number: L16000167082

We have received your document for YARDEZ ELECTRIC LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00025734

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: VaedEZ EIECN Name of Limit | HUCOL LLC | |
| The enclosed Articles of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | to the following: | |
| Do Lorie | And Expor | |
| YaedEZ | Electrical LL | C |
| 882 64h | Stent | |
| Winter of | Javen, FL 33 | 3881 |
| Yaed Et Elec E-mail address: (| City/State and Zip Code ALC 2010 Q WA h to be used for future annual report notific | DO. CON |
| For further information concerning this matter, please co | all: | |
| Andria Andreson Name of Person | at (<u>863</u> <u>241 · 8</u> Area Code Daytime | 789 Telephone Number |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| raedez ElEctric LLC |
|---|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on $09/07/16$ and assigned Florida document number $L/4000141082$ |
| This amendment is submitted to amend the following: |
| A. If a mending name, enter the new name of the limited liability company here: **DING ELECTRICAL SERVICEA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the 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) |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: |
| |
| New Registered Office Address: Enter Florida street address |
| , Florida |
| City 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 Familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F. This document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability |

If Changing Registered Agent, Signature of New Tegisted Agent

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 |
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| ctive date, if other than the date of filing: | | (ontion | .al) | |
| effective date is listed, the date must be specific and cannot be prior to date | of filing or more than 9 | 0 days after fi | ling.) Pursua | int to 605 |
| If the date inserted in this block does not meet the applicable starment's effective date on the Department of State's records. | itutory filing require | ments, this o | late will no | t be liste |
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| ecord specifies a delayed effective date, but not an e | ffective time, at | 12:01 a.i | m. on the | e earlie |
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| Signature of a member or authorized re Andrie Anderson Typed or printed name | · | ECRETARY O | | |

Filing Fee: \$25.00