## 117000212686

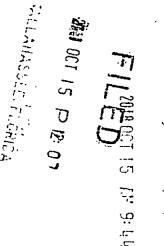
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000319385900

10/16/18--01005--018 \*\*25.00



## **COVER LETTER**

то:	Registration So Division of Cor						
SUBJEC	HOURGLA	ASS SMART HOME & MODI	ERN TECHNOLOGY LLC				
30000	C1,						
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		ABDEL OLEA					
		HOURGLASS ELECTRIC	Name of Person				
		14500 SW 280 ST APT# I	Firm/Company			100 BRB	
		HOMESTEAD, FL 33032	Address 2			5	
<del></del>			City/State and Zip Code		7) (2) (3)	0 - 년 - 년	
r- /- /			to be used for future annual report notifi	cation)	J- 1	)	
		oncerning this matter, please ca	ali:				
ABDEL	OLEA		786 278-5632 at ( )				
	Name o	t Person	Area Code Daytime	Telephone Number			
Enclosed	I is a check for th	he following amount:					
\$25.	00 Filing Fee	Filing Fee Solution Status S55.00 Filing Fee Solution Certificate of Status Certified Copy (additional copy is enclosed)		Certificat Certified	0.00 Filing Fee, crtificate of Status & crtified Copy dditional copy is enclosed)		
	Registr	ING ADDRESS:	STREET/COURIE 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**

## HOURGLASS SMART HOME & MODERN TECHNOLOGY LLC

(A Florida Limited)	Liability Company)	coras.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
HOURGLASS ELECTRIC LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2 00
	-	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our reco <u>e</u> :	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Negatered Office Address.	Enter Florida street aa	dress
		Florida
	City	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity.  performance of my duties  provided for in Chapter 6	, and I am familiar with and 95, F.S. Or, if this document is

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
		<del></del>	Remove
		<del></del>	Change
			□ Remove
			☐ Change
		<del></del>	Remove
			Change  Change  Remove
			Change
			Add
			Remove
			☐ Change
	<del>-</del>		□ Add
			Remove
			Change

<del>_</del>	<u> </u>							
·								
•								_
								_
<del></del>								_
								_
					· ·			<u> </u>
	· <u>=</u>	<u> </u>				7	(E)	97867R2
	<del></del>					- - 3 ·	<del>-</del> 음-	**************************************
	<del></del>						<del>-5-</del>	_ <del>`</del> [[]
							U	_(
							F5.	_
						∓., 3⊁*	ت	
			,	<del></del>				_
								_
<del></del>	-	<u> </u>						_
ffective date, if other	than the date		0/10/2018		(on	ional)		
ffective date, if other an effective date is listed, to tee. If the date inserted	te date must be spe	cific and cannot	be prior to date	of filing or more t	han 90 days aft	er filing.) Pu	irsuant to 6	05.020
ocument's effective date	on the Departm	ent of State's i	records.	nthory mang re	quirements, tr	ns date wi	i not be ii	isica as
e record specifies a The 90th day after	the record is	ctive date, t filed.	out not an e	effective time	e, at 12:01	a.m. on	the ear	rlier o
OCTOBER 10	<del>_</del>	2018	·					
		$\sim 10^{\circ}$	$\frac{1}{2}$					

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee