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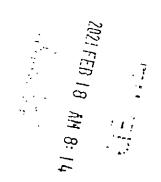
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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: G Electric & Secur Name of Limited Liab	bility Company				
Dear Sir or Madam:					
The enclosed Statement of Correction and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Girardo Gonzalez Name of Person	_				
Firm/Company	_				
3071 Sweet Oak dr	_				
Melbourne, FL 32935 City/State and Zip Code					
gelectric 24.7@ amail. Com B-mail address: (to be used for future adhual report notification)					
For further information concerning this matter, please call:					
Girardo Gonzalez at 321 Name of Person Area Code	205 - 5272 Daytime Telephone Number				
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				
Enclosed is a check for the following amount:					
□\$25 Filing Fee □ \$30 Filing Fee & □\$55 Filing Fee & Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ction 605.0209, F.S., this document is being submitt ame of the limited liability company is: GE	· · · · · · · · · · · · · · · · · · ·				
FIRS	<u>ı</u> : ı ne n	ame of the fimiled hability company is:	idente y secon	119 220			
SECO	ND:	The Florida Document number of the limited liab	•				
<u>THIR</u>	<u>D</u> :	Document to be corrected is: Articles of	Organization (Artic	le III and IV)			
		CHECK THE APPROPRIATE BOX AND CON	IPLETE THE APPLICABLE S	TATEMENT			
×		nins an incorrect statement. The incorrect statement, ment are as follows:	the reason the statement is incorr	ect, and the corrected			
	Inc	ncorrect: Registered agent and Authorized to manage LIC mame					
	Rec	LSON: Sr is is not part	of my name.	•			
		rrected: Girardo Gonza					
	OR	0	0				
_							
	e appropriate correction are						
	as fol			021			
				33 ·			
				8			
	<u>OR</u>						
	The e	lectronic transmission of the record was defective.		£			
		Signature of Authorized Representative	Date				
		Signature of Authorized Representative	Date				
		ew registered agent, if applicable :(NOTE: if corrected designation).	ting the registered agent, the new	registered agent must sign			
New R	egistere	ed Agent's Signature, if changing Registered Agent:					
provisi	ons of a	ot the appointment as registered agent and agree to a all statutes relative to the proper and complete perfo	rmance of my duties, and I am fan	niliar with and accept the			
reflect	tions of a chang change	my position as registered agent as provided for in C ge in the registered office address, I hereby confirm	hapter 605, F.S. Or, if this docum that the limited liability company	ent is being filed to merely has been notified in writing			
		OU.					
		Reginered Age	ent's Signature	_			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				