## L22 000 219 016

(Re	equestor's Name)	-
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	tion Section of Corporations				
	teson Electrical Service & Testin	ng Company LLC			
SUBJECT:Name of Limited Liability Company					
The enclosed Artic	cles of Amendment and fee(s) a	re submitted for filing.			
Please return all co	orrespondence concerning this n	natter to the following:			
	William John Borges	son			
		Name of Person			
	Borgeson Electrical S	Service & Testing Company LLC			
		Firm/Company			
	35 Valley Street				
		Address			
	Pembroke, MA 0235	9	2.315b 22		
	······································	City/State and Zip Code			
	williamjborgeson@ya	rhoo.com			
For further inform	E-mail add	dress: (to be used for future annual report notification)	7		
William John Bor		781 603-7146			
	Name of Person	at ()	none Number		
Enclosed is a chec	ck for the following amount:				
□ \$25.00 Filing	Fee \$30.00 Filing Fee Certificate of State		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing A Registra	Address: ation Section	Street Address: Registration Section			
Division of Corporations		Division of Corporati			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallaha 2415 N. Monroe Stree			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Borgeson Electrical Service & Testing Company LLC	•	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	inv as it now appears on our records Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 05/23/2022	and assigned
Florida document number L22000219016		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	where the second	
(Principal office address MUST BE A STREET ADDRESS)		
		23
		( · )
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)		272 6 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	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 addres.	S
		orida
	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 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 Changing Registered Agent, Signature of New Registered Agent

## Page 2 of 3

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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or re  Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	(optional) more than 90 days after tiling.) Pursuant to 60 ng requirements, this date will not be lis	5,020 ted as
ne record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earl	ier o
Dated Feb 16 2022		
$M \neq M = M + M = 0$	_	
Signaple of a member or authorized representative	ve of a member	

Page 3 of 3

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
MGR	Nicole J. Borgeson	35 Valley Street	□Add
		Pembroke, MA 02359	≣Remove
			□Change
			□Add
		□Remove	
		☐Change	
			22
		☐Remove - ·	
· <del>-</del> · · · · · ·			<b>5.11</b>
		□Remove	
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		□Add	
			□Remove
			□Change