## 123000270764

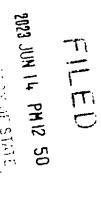
	(Requestor's Name)
	(Address)
'	(Address)
•	(Address)
	(City (Chata City (Chana 4))
,	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
·	Coomics charty Hamley
1	(Document Number)
Certified Copies	Certificates of Status
Certified Copies	Celtificates of Status
Special Instructions to	Filing Officer
L	

Office Use Only



200409863232

LLC N/C Amena



2023 JUH 14 PM 1:58

A. RAMSEY JUN 1 5 2023

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/14/23

NAME: JEFF SR. LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JUN 14 PM 12 50

	JEFF SR. LLC	ST. HETARY OF STATE
(Name of the Limited L (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 06/06/202	and assigned
Florida document number L23000270764	·	
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
Jeff SR Electric LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regis	tered office address on our records,	enter the name of the new regist
gent and/or the new registered office address he	<u>:re</u> :	
N. C.N. Davistand Appet		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	I addrass
	Enter Pioritu Street	duuress
_		, Florida
	City	Zip Code

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 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
			□Change
		<u> </u>	□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Removc
			□ Change
			□ Add
			□Remove
			Change
			□ Add
			□Rcmove
			Change

fame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
٠ -	<u> </u>
-	
_	
_	
-	
-	
_	
_	
-	
-	
_	
_	
_	
_	
_	
ote:	we date, if other than the date of filing:
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	June 14 2023
_	
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Jeff Tindall

•

Filing Fee: \$25.00