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## COVER LETTER

Division of Con		, <sup>y</sup>			
First Coast SUBJECT:	Electric, LLC				
SUBJECT.	Name of Lim	ited Liability Company	-		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kelly M James				
		Name of Person		•	
	First Coast Electric, LLC				
	<del></del>	Firm/Company		-	
5465 Verna Blvd					
		Address		- 1	
	Jacksonville, Florida 3220	5		2011 MAY 11 SECRETARY I	- 7
		City/State and Zip Code		HAR AN	
	kmj@jaxum,com			388 A88	
For further information c	e-mail address: (	to be used for future annual report notific all:	ation)		C
William M Brannen		904 779-5353 at ( )		5 <b>8</b>	
Name o	f Person		Celephone Number	•	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

First Co	oast Electric, LLC	
(Name of the Limited Liability ( (A Florida Liability)	Company as it now appears on our recormited Liability Company)	<u>rds.</u> )
he Articles of Organization for this Limited Liability Com	npany were filed on 10/02/2002	and assigned
orida document number L02000025960		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	I Liability Company " the decimation "I I	C" on the abbreviation "I I C"
•	I Liability Company, the designation Liz	.c or the appreviation E.E.C.
Inter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRES	<u></u>	
		<u> </u>
Inter new mailing address, if applicable:		HAY II
Mailing address MAY BE A POST OFFICE BOX)		Sign I
muning unaress MAT BE ATOST OFFICE BOA		
3. If amending the registered agent and/or register	ed office address on our recom	do anish the company of the
egistered agent and/or the new registered office addres	s here:	us, enger the chame of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		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 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Thomas LAndrews	5465 Verna Blvd., Jacksonville, Fl	Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			HAY TAKE
			of State 58
			○ Change
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ective date, if other than the	date of filing:			(option	al)	
effective date is listed, the date muster.  If the date inserted in this bl			or more	nan 90 days aner m	ing.) Pursua	
cument's effective date on the D	epartment of State's	records.				
record specifies a delayed he 90th day after the rec		but not an	effective time	e, at 12:01 a.r	n. on the	e earlier
ed May 10	20	17				
ed	,,	<u> </u>				
	Win.		<b></b>	member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00