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2009 APR 15 AM IO: 53
SECRETARY OF STATE

T. CLINE
APR 1,6 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Southern Electric of Florida LLC. (Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Tom Lipe (Name of Person) Southern E. of Florida LLC. (Firm/Company) Po Box 1075 (Address) Arcadia A 34365 (City/State and Zip Code)							
For further information concerning this matter, please call: TOM Lief: at (863) 990-4794 SECRETAR ARE TORRESSEE TO TOR	17						
	11						
(Name of Person) (Area Code & Daytime Telephone Number)	ز						
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \							

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

Southern Electric of	Morida, L	LC.		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears of ability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L03000016029</u> .	were filed on	5/5/2003	_ and assign	ed .
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Southern E. of Plonda, LL The new name must be distinguishable and end with the words "Limit	C.	" the decignation "I I I	C" or the abb	roviotion
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company,	the designation LLC		eviation
Enter new principal offices address, if applicable:	NIA		4 3	-77
(Principal office address MUST BE A STREET ADDRESS)		AH,	2009 APR	ا ا شـــــــــــــــــــــــــــــــــــ
		38	F 15	
Enter new mailing address, if applicable:	NJA	E. FLU	AM IO: OF STA	O
(Mailing address MAY BE A POST OFFICE BOX)		3	SE 53	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	records, enter the		he new
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = MGRM	= Manager 1/ = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	<u> </u>		□ Domove
			Add Remove
			Remove
			To Damous
			Remove
D. If a	1//4	ation, enter change(s) here: (Attach additional s	sheets, if necessary.)
Dated _	April 13	. 2009	
	•	gnature of a member or authorized representative of a	a member
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00