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| (Req | questor's Name) | |
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| (Add | Iress) | |
| (Add | Iress) | · · · · · · · · · · · · · · · · · · · |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nam | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | - iling Officer: | |
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Office Use Only

C. MCLEOD



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: <u>CURRENT</u> <u>E/4CTRIC</u> <u>LLC</u> 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: |
| SAMUEL L DARITY Name of Person |
| SAMULL L DARITY Name of Person CURRUNT ELECTRIC Firm/Company |
| 6253 CAUSTWOOD DR |
| TAVL. FL. 32311 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| SAMVEL DARITY at (856) 5660040 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status (additional copy is enclosed) □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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



| · · | Programme State of the Charles of th |
|--|--|
| Current ELECT | TOWN THE CONTRACT TO THE |
| (Name of the Limited Liability Compa | TATO TO TO THE MAN AND THE MAN |
| (Name of the Limited Liability Compa- (A Florida Limited L | iability Company) |
| | $\alpha = 1$ |
| The Articles of Organization for this Limited Liability Company | were filed on $\frac{8/23/10}{}$ and assigned |
| Florida document number <u>1030005</u> 71 | 24 |
| , | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and end with the words "Limi | OF TALLAHASSEE |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Company," the designation "LLC" or the abbreviation |
| Enternance de la CC | 6253 CAPSTWOOD DA 3231 |
| Enter new principal offices address, if applicable: | EUDO CHETIWOOD DE 3631 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | C |
| Enter new mailing address, if applicable: | PO BOX 20926 |
| (Mailing address MAY BE A POST OFFICE BOX) | PO BOX 20926 TALL, FZ 32316 |
| The state of the s | 1110-11- |
| | |
| B. If amending the registered agent and/or registered of | See address on our recents enter the name of the name |
| registered agent and/or the new registered office address her | e: |
| | - |
| Name of New Desigtand Assets | SAME |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | , Florida |

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 = Mai MGRM = M | nager Ianaging Member | | |
|-----------------------|--------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
| | | | Remove |
| | | | Add |
| | N/A | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
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| | | | Add |
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| | | | Add |
| | | | Remove |

| _ | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|--|
| _ | |
| _ | |
| _ | |
| _ | |
| | 2/20/19/1. |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00