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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEE County ELECTRIC, 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:

CARL L. Miller, JR.  
Name of Person

LEE County Electric, LLC  
Firm/Company

409 NE 23<sup>rd</sup> Street  
Address

Cape Coral, FL 33909  
City/State and Zip Code

CARLMillerjr@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL L. Miller, JR at (239) 471-8224  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LEE County Electric LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/12/04 and assigned Florida document number L040000390.92

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

409 NE 23<sup>rd</sup> Street  
Cape Coral, FL 33909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

409 NE 23<sup>rd</sup> Street  
Cape Coral, FL 33909

**B. If amending the registered agent and/or registered office 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:

CARL L. Miller, JR.

New Registered Office Address:

409 NE 23<sup>rd</sup> St

Enter Florida street address

Cape Coral

City

Florida

33909

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.

Carl L. Miller, Jr.  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Raudel Castro Pupo	3550 Work Dr B-12	<input type="checkbox"/> Add
		Fort Myers, FL 33916	<input checked="" type="checkbox"/> Remove
Member	Reiner Castro	3550 Work Dr. B-12	<input type="checkbox"/> Add
		Fort Myers, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

New Address for MANAGER, Authorized Member:

CARL L. Miller, Jr.

409 NE 23<sup>rd</sup> St.

Cape Coral, FL 33909

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/8/14



Signature of a member or authorized representative of a member

CARL L. Miller, Jr.

Typed or printed name of signee

16 AUG 11 11 14 AM  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA