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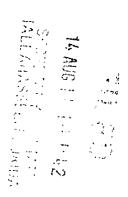
| (Re | equestor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: LEE COUNTY FLECTRIC, 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/Chmpany |
| 409 NE 23rd Street |
| Cape Coral 74 33909 City/State and Zip Code CACLEM; Iler is @ GMA; L. Zom 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: |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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 **OF**

| traine of the Limited Liability Company as a now appears on our records. |
|--|
| (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 <u>Lo4000 390.9</u> 2 |
| 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: 409 NE 23 nd Street |
| (Principal office address MUST BE A STREET ADDRESS) Cape Coral, 76 33909 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CAPE Coral, 7L 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: CACLL.M: Wer, JR. |
| New Registered Office Address: 409 NE 23rd St |
| Enter Florida street address Cape Coral Florida 33909 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 gonfirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member Title **Type of Action** Name <u>Address</u> Member Raudel Castro Pupo 3550 Work Dr B-12 0 Add Member Reiner Casteo 3550 Work Dr. B-12 0 Add FORT myers, 7L 33916 XREMOVE □ Add ☐ Remove ☐ Remove □ Add ☐ Remove

| | nding any other information, enter change(s) here: (Attach additional sheets, it necessary.) |
|-----------|--|
| | New Appress for Manager, Authorized Wember |
| _ | CARL L. Miller, Jr. |
| _ | 409 NE 23rd St. |
| | Ctoe Coral 71 33909 |
| _ | |
| Effect! | ive data if other than the data of filing. |
| (The effe | ive date, if other than the date of filing: |
| ine date | - 1 - 1 . |
| T . 1 | (10 1 1 d) |
| Dated | 88/14 |
| Dated . | - 88/14 Palle A |
| Dated | Signature of a member or authorized representative of a member |
| Dated . | Signature of a member or authorized representative of a member CARLL. Miller JR. Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00