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COVER LETTER

TO: Registration Se Division of Cor	ection Porations
	mas Electric LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Willie Thomas
	Name of Person
	Willie Thomas Electric LLC
	Firm/Company
	432 S Salt
	Address
	Monticello, FL 32344
	City/State and Zip Code
	blauth@aucilla.org
	E-mail address: (to be used for future annual report notification)
For further information c	E-mail address: (to be used for future annual report notification) concerning this matter, please call:
Willie Thomas	at (
Name o	Area Code Daytime Telephone Number (***)
Enclosed is a check for the	he following amount:
\$25,00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$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

april a depart

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

Willie Thomas Electric LLC								
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)							
The Articles of Organization for this Limited Liability Company Florida document number <u>L04000047456</u>	were filed on 10/05/2016 and assigned							
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liab	pility company here:							
Willie Thomas Plumbing & Electric LLC								
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."							
Enter new principal offices address, if applicable:	432 S Salt							
(Principal office address MUST BE A STREET ADDRES	Monticello, FL 32344							
Enter new mailing address, if applicable:	432 S Salt							
(Mailing address MAY BE A POST OFFICE BOX)	Monticello, FL 32344							
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here								
registered agent undrot the new registered office address her	<u></u>							
Name of New Registered Agent:								
New Registered Office Address:	ಷ ಕ							
New Registered Office (Radiess).	Enter Florida street address							
	City Sp.Code							
New Registered Agent's Signature, if changing Registered Agent:	The state of the s							
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office	performance of my duties, and Tam familiar with and opening or ovided for in Chapter 605, F.S. Or, if this document is							

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00