Florida Department of State Division of Corporations Electronic Filing Cover Sheet

H23000130153

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

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Account Name : API PROCESSING Account Number : 120110000069 Phone : (954)567-8013 Fax Number : (954)567-3401

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Annette (APIPROCESSING. Corn

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROBERT M. STEPHAN ELECTRICAL CONTRACTOR, L.L.C.

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Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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H23000130153



April 5, 2023

FLORIDA DEPARTMENT OF STATE

Division of Comorations ROBERT M. STEPHAN ELECTRICAL CONTRACTOR, L.L.C.

SUBJECT: ROBERT M. STEPHAN ELECTRICAL CONTRACTOR, L.L.C.

REF: L05000010704

JUPITER, FL 33478

12143 174TH COURT NORTH

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

FAX Aud. #: H23000126755 Tammi Cline

Regulatory Specialist II Supervisor Letter Number: 223A00007784

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Annette Mota
	Name of Person
	API Processing - Licensing, Inc.
	Firm/Company
	3419 Galt Ocean Drive Suite A
	Address
	Fort Lauderdale FL 33308
	City/State and Zip Code
	annette@apiprocessing.com E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Annette Mota	954 567-0013 x 12
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the 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) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	ECTRICAL CONTRACTOR, L.L.C.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L05000010704}{L05000010704}$.	vere filed on <u>01/21/2005</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
ROBERT M. STEPHAN ELECTRICAL CONTRACTOR LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the nam	e of the new registered
New Registered Office Address:	Enter Florida street address Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the abligations of my position as registered agent as public filed to merely reflect a change in the registered office a company has been notified in writing of this change.	berformance of my duties, and I am f rovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 5 0+6

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

H23000 130/53

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			Remove
			Change
		<u>/</u>	□Remove
		/	
			□Add
		·	Remove
			□ Change
			DAdd
			□Remove
			Change
	/		□Add
J.			□Remove
			□ Channe

D. 11.8;	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ve date, if other than the date of filing:
e record rd is: fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Datted_	April 4th 2023
	Signature of a member or authorized representative of a member
	ROBERT M STEPHAN

Filing Fee: \$25.00