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(Reque	estor's Name)
(Addre	ss)	
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(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
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APPROVED AND FILED

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COVER LETTER

Div	ision of Corp	porations					
-	Switch Elect	tric LLC					
SUBJECT:		Name of Limi	ted Liability Company				
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Please return	all correspor	ndence concerning this matter t	to the following:				
		Nava Adler					
			Name of Person		-		
		Switch Electric LLC					
		Firm/Company			_		
		555 Frederica Lane					
		Address					
		Duendin FL 34698				2019 {	
		City/State and Zip Code nava@switchelectric.net				2019 FEB 28	APPRO AN FILI
For further	information co	E-mail address: (to oncerning this matter, please ex	to be used for future annual report notificall:	cation)	OF STA	4H II: ↓9	, ED NOVEO
			727 452.4877			1 9	
	Name o	f Person	Area Code Daytime	Telephone Number	er		
Enclosed is	a check for th	ne following amount:					
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	filing Fee, rate of Statu d Copy al copy is encl			
		ING ADDRESS:	STREET/COURIE				

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Switch Electric LLC	
(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)
(A Florida Ellinea	Limiting Company)
The Articles of Organization for this Limited Liability Company	y were filed on 331 05 and assigned
Florida document number L05000031831	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "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)	2019 SEC
	8 2 FL
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	
registered agent and/or the new registered office address ne	TE:
N EN De leaved A	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter r toriaa street aaaress
	, Florida City Zin Code
	zaji cint

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.

If Changing Registered Agent, Signature of New Registered Agent

11 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>	Address	Type of Action
MGR Nava Adler		555 Frederica Lane Dunedin FL 34698	■ Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			20 H FEB P8
			PPPROVI
		APPROVED FEB 28 APTI: 49 Allasses Floories	
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		20/2019					
Effective date, if other than the dat If an effective date is listed, the date must be	specific and cannot	t be prior to da	te of filing or me	ore than 90 days a	otional) fler filing.) Pursu	ant to 60	05.020
Note: If the date inserted in this block document's effective date on the Depar			statutory filing	g requirements,	this date will n	ot be lis	sted as
·							
he record specifies a delayed ef The 90th day after the record		but not ar	effective t	ime, at 12:0	1 a.m. on th	ne earl	lier o
Pebruary 21st Dated	201	9					
		/					
	/						
Sig	nature of a membe	r or authorize	d representative	of a member			

Page 3 of 3

Filing Fee: \$25.00