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SECRETARY OF STATE
SECRETARY OF STATE

· 👉		COVER LETTER	
TO: Registration Security Division of Corp			
SUBJECT:	Name of Limi	ted Liability Company)	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Steven	(Name of Person)	
,	Sun Elect	(Firm/Company)	tions
	3460 Pine	(Address)	
	Pace, Fc	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information con	cerning this matter, please ca	II:	
Steven D. (Name of	Person)	at (850) 748-81 (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

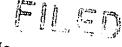
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT



ARTICLES OF ORGANIZATION JUL 28 PM 12: 31

SECRETARY OF STATE TALLAHASSEE FLORIDA Renovations LLC
Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L Ø5 Ø Ø Ø 7 2 Ø 9 4 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sun Electrical & Renarctions, LLC

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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Office Address:

3440 Pine Tree Ct

(Enter Florida street address)

Pace
, Florida 32571
(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 608, 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 amenong the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** COS Silverthorn Rd Cour Breeze FL 32561 Merm Edward G Ilano Add Remove Add Remove r Add 🗖 Remove Remove ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 25 Signature of a member or authorized representative of a member Heven D. Barrow

Typed or printed name of signee

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Filing Fee: \$25.00