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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

D. BRUCE

MAY - 3 2010

EXAMINER

COVER LETTER

Division of Cor	porations				
SUBJECT:E	LECTRICAL CONC	CEPTS & SOLUTION	IS, LLC		
	Name of Limi	ited Liability Company			
		1.6 . CU			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		•	
Please return all correspon	ndence concerning this matter	to the following:			
•					
	,	ANGELA SZCZESNY			
		Name of Person			
	FLECTRICAL	CONCEPTS & SOLUT	IONS LLC		
		Firm/Company			
				·	
		649 CORAL WAY			
		Address		Pin a	
	WINTER SPRINGS, FL 32708)8	∑ ₹	*****
	City/State and Zip Code		APR 30	-1	
	TSZC	CZESNY@CFL.RR.COM	И	1.4.	
	E-mail address: (to be used for future annual report	notification)	TH R	T
For further information co	oncerning this matter, please of	call:		STA STA	U
ANGE	LA 070750NV	407	207 0054		
Name of	LA SZCZESNY Person	at (407)	327-6051 Lytime Telephone Number		
Traine of		, 0000 00 00	y ame totephone randor		
Enclosed is a check for th	e following amount:				
	_	Thee oo mut. m. a		·	
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing F Certificate of Osed) Certified Cop	Status &	
				py is enclosed)	

Registration Section

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

ELECTRICAL CON	ICEPTS & SOLUT	IONS, LLC	
(Name of the Limited Liability (A Florida	Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	03/14/2006	and assigned
Florida document number L06000029149	<u>_</u> .		
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		O APR
			<u>ω</u> ω
Enter new mailing address, if applicable:			SEE OF T
(Mailing address MAY BE A POST OFFICE BOX)			ြို့လူ ပ
			ATE ARDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
	Eı	nter Florida street addi	ess
	City	, Florida	Zip Code
	City		Lip 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	WRIGLEY, ERIC	649 CORAL WAY WINTER SPRINGS, FL 32708	☐ Add ☑ Remove
MGRM	SZCZESNY, ANGELA	649 CORAL WAY WINTER SPRINGS, FL 32708	✓ Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	ry.)
			10 APR 38
Dated	7/	0 0 0	APR 38 PM 3: 31 TETARY OF STATE AHASSEE, FLORIDA
	Thomas	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00