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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

D. SCOTT OCT 2 0 2016

COVER LETTER

| | istration Sec sion of Corp | | | ·n. | | |
|----------------|-------------------------------|---|---|-------------------|----------------|--------|
| SUBJECT: | 1 | Oaks El Name of Lim | ectric LLC ited Liability Company | | | |
| The enclosed | Articles of A | mendment and fee(s) are sub | mitted for filing. | | | |
| Please return | all correspon | dence concerning this matter | to the following: | | | |
| | | Step | Len 2 Risle Name of Person | Y | | |
| | | _Oaks | Electric L | LC | | |
| | | P.O. | Box 1188 | | | |
| | | Labelle | Address 3397 City/State and Zip Code | 5 | SECRE! | -11 |
| | | Dakse E-mail address: (| lectric Calm to be used for future annual report notifi | <u>Danamai</u> l. | AND SERVICE S | FILED. |
| For further in | formation cor | ncerning this matter, please ca | all: | | ORIDA ORIDA | |
| St | ephen Name of I | L Risley Person | at (<u>863</u>) <u>675</u> . Area Code Daytime | Telephone Number | ≫ വ | |
| Enclosed is a | check for the | following amount: | | | | |
| □ \$25.00 Fi | iling Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & | |

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

| (Name of the Limited Liability Com | Plechric LL pany as it now appears on our | records.) |
|--|--|------------------------------------|
| (A Florida Limited | d Liability Company) | , , , |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>LDU DDD 9599</u> 4 | ny were filed on | 2 DLP and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lia" | bility 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) | | ZS: 5 |
| | | CR C |
| | | 美電車工 |
| | | 20 C |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | TS ≥ O |
| | | REA F |
| | | 1> (7) |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | cords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | , Florida |
| | Ciţv | 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 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

| If amending Authorized Person(s) authorized to manage, | enter the title, | name, and | address of each pe | erson bein | ig added |
|--|------------------|-----------|--------------------|------------|----------|
| or removed from our records: | | | | | |

MGR = Manager

| AMBR = .At | ıthorized Member | | |
|--------------|------------------|--|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ctive date, if other tha effective date is listed, the da | ite must be specific ar | nd cannot be prior t | o date <i>l</i> of filing or mo | re than 90 days after | filing.) Pursuant t | |
| e: If the date inserted in tage iment's effective date on | | | ble statutory filing | requirements, this | date will not be | e listed : |
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| ecord specifies a de | | | an effective ti | me, at 12:01 a | .m. on the e | arlier |
| ne 90th day after the | e record is filed | | | | ASS S | |
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| d October | | ., <u>OUIC</u> | <u>2</u> . | | - | <u></u> |
| ed October | Cal | y fi | nd | | T 20 FARY (ASSEE | |
| ed October | Signature of a | member or author | orized representative of | of a member | - | FILED |

Page 3 of 3

Filing Fee: \$25.00