# L07000076421

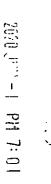
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	





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C CC: 771

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PRICEBUSTORS ELECTRIC LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sean P. Donovan Name of Person	_
PRICEBUSTERS ELECTRIC LLC. Firm/Company	_
16071 TWIN COURT Address	_
Brooksville Fc. 34614 City/State and Zip Code	_
City/State and Zip Code  Price by Sters 6 GMATL. C. 8 M.  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sean Donovan at (352) 403-9650  Name of Person at (352) Daytime Telephone Numb	er
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, rate of Status & d Copy at 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

	ectric LLC
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)
	/ 1
The Articles of Organization for this Limited Liability Com	pany were filed on 07/25/2007 and assigned
Florida document number <u>L070000764</u>	21
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Donovan ELECTRIC LL	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain 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 ADDRES	<u> </u>
Enter new mailing address, if applicable:	· · ·
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
	fice address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If 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
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		: <del>:</del>	□Remove
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	the date must be specific d in this block does no	and cannot be prior to of meet the applica		(optional) han 90 days after filing.) Pu quirements, this date wil	
record specifies a delay is filed.	ed effective date, but	not an effective tin	ne, at 12:01 a.m. on th	ne earlier of: (b) The 90	0th day after the
	IST	2020	<u>)                                    </u>		
TONE	<del></del>	-			
Dated TONE	Signature of	of a member or author	- ized representative of a	member	