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2011 OCT 17 AM IO: 58
SECRETARY OF STATE
AND TAILS ASSET FI ORIDA

T. CLINE

EXAMINER

OCT 18 2011

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Reynolds Ele	ectrical Service, LLC			
Sobject.	Name of Lim	ited Liability Company	·		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Jerry O. Reynolds			
Name of Person					
Reynolds Electrical Sevice, LLC					
Firm/Company					
121 Water Oaks Way					
Address					
Apalachicola, FL 32320					
City/State and Zip Code					
		olds@freehandmedia.co to be used for future annual repor		72s 22	
For further information	concerning this matter, please	•	t normeanon)	HECRETA	and the state of t
Je	erry Reynolds	at (_850_)_	653-4824	17 SSE	
Name	of Person		Paytime Telephone Number	DF STATE	
Enclosed is a check for	the following amount:			DH 65	
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	e of Status &	osed)

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

	lectrical Service, L					
(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	Company were filed on	Feb. 27, 2008	a	md assiį	gned	
Florida document numberL0700083418						
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 work. L.L.C."	rds "Limited Liability Comp	any," the designation '	LLC" (or the ab	breviatio	
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDI	RESS)		<u> </u>	20	····	
			≥ 20	0	sent (year)	
			TAS		Homeron as	
Enter new mailing address, if applicable:			SE	-1		
Mailing address MAY BE A POST OFFICE BOX)			705	#		
			ORITA ORITA	Q	- ()	
				3		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the na	ame of	the nev	
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
		, Florida			'.	
	City		Zip	o 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, 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 Name Address** MGRM Patircia J. Reynolds 121 Water Oaks Way Apalachicola, Fl 32320 Remove □ Add ☐ Remove ☐ Add ☐ Remove Remove \square Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) October 11 2011 Dated Signature of a member or authorized representative of a member Jerry Owen Reynolds Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00