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SEGRETARY OF STATE
TALLAHASSEF, F, STATE

D. BRUCE

AUG 25 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	DON'S E	LECTRIC, L.L.C.	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		AZINA KANJI	
		Name of Person	
	FINANCIA	AL ACCOUNTING SERVICES	
		Firm/Company	
	7		
		Address	
		DRLANDO, FL. 32804	
		City/State and Zip Code	
	E-mail address: (CCTSVC@GMAIL.COM to be used for future annual report notification)	09 A
For further information	concerning this matter, please of	call:	O9 AUG 24 PM 1: 1 SECRETARY OF STAT
AZINA KANJI		at (407) 423-2371	X112 변위 공
, Name	of Person	Area Code & Daytime Telephone	X112 FORIDA
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	io.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DON'S ELE	ECTRIC, L.L.	C.	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now ap ed Liability Compa	pears on our records. ny)	.)
The Articles of Organization for this Limited Liability Comp	any were filed on	AUGUST 31, 2	2007 and assigned
Florida document numberL0700089672			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	here:	
DON'S ELECTRIC & ALL MAIN			
The new name must be distinguishable and end with the words "l" L.L.C."	Limited Liability Co	ompany," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			Eu,
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		9 A
			AND TO
			2. L
Enter new mailing address, if applicable:			77 3 1
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered	office address	on our records, ent	ter the name of the new
registered agent and/or the new registered office address		, , , , , , , , , , , , , , , , , , ,	
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	·		
		Enter Florida street	address
	Mari	, Florida	
	City		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 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	09 AUG 24 SECRETARY TALLAHASSEL
			24 PH 1: 11 SSEE. FLORIDA
Dated	J mell	Morse	
	•	r or authorized representative of a member	
		ONALD B MORSE Tor printed name of signee	