LD8000014259

| (Requestor's Name) | | | |
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| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |

Special Instructions to Filing Officer:

L. SELLERS

MAY 2 5 2010

EXAMINER

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05/24/10--01014--013 **25.00

SECRETARY OF STATE
ALLAHISSEF FLORIDA

COVER LETTER

| TO: Registration Section Qivision of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: HBS 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: | | | | |
| Lisa Heaton | | | | |
| Name of Person | | | | |
| HBS Electric, LLC | | | | |
| P 0 Box 156 | | | | |
| Address | | | | |
| Cantonment FL 32533 | | | | |
| City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Lisa Heaton at (850), 232-9835 | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee Solution Status Status Status Status Status Solution Status S | | | | |

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

| 110 1 | | | |
|--|--|-------------------|--|
| HBS Electr | ic, LC | | |
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | | |
| · | | _ | |
| The Articles of Organization for this Limited Liability Company | were filed on 00 08 000 | δ and assi | gned |
| Florida document number <u>L 68 0000 1425.9</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company," the designation | "LLC" or the al | bbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 201 Swift Greek | Dr | |
| | Contonnent, FL | 30537 | 3 |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, <u>enter</u> e: | the name of | the new |
| | - | TATE OF | |
| Name of New Registered Agent: | | | |
| | TRY | % N | CONTRACTOR OF THE PERSON OF TH |
| New Registered Office Address: | | - KA | <u>'j</u> |
| | Enter Florida street ac | idress T | |
| | , Florida _ | S 2: | |
| | City | E Zip Code | |
| Name Blancamad America Discussion If the contract the state of the sta | | • | |

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 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

Title <u>Name</u> **Address Type of Action** MGRM Remove MGRM X Add Remove ☐ Add Remove □Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00