## L0800003406

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:	Ocean's Electric of South Florida LLC			
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	ı all correspon	dence concerning this matter	to the following:	
		Fred Farnes		
			Name of Person	
		Oceans Electric of South F	lorida LLC	
Firm/Company				
		350 Tall Pines Road, Suite	Е	
			Address	
		West Palm Beach, FL 3341	13	
			City/State and Zip Code	
		josh@oceans-electric.com		
		E-mail address: (t	to be used for future annual report notific	ation)
For further i	nformation co	ncerning this matter, please ca	all:	
Fred Farnes			561 252-9313 at ()	
	Name of	Person	Area Code Daytime	Celephone Number
Enclosed is	a check for the	following amount:		
□ \$25.00 i	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean's Electric of South Florida LLC	
(A Florida Limit	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number L08000034066	any were filed on 04/03/2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Oceans Electric of South Florida LLC	
The new name must be distinguishable and contain the words "Limited I	iability 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	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	16 APP - 8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the grame of the ne here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	izmer r tortuu street auaress
	, Florida
	City Zip Code

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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 person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	David Farnes		Add
		12093 West Basin St., Wellington	■ Remove
			Change
			□ Add
			Remove
			Change
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n effective date is listed, the date must be sp te: If the date inserted in this block do	ecific and cannot be	prior to date of fill	ng or more than 90 da	iys after filing.) Pur	suant to 605.
cument's effective date on the Departn	nent of State's reco	ords.	, <b>g</b> . • <b>4</b> •		
record specifies a delayed effe	ective date but	t not an offor	tivo timo lat 15	2:01 a.m. on t	ho oarlio
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April 4	2016				
ted April 4	7017	—·)			
V /					

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Typed or printed name of signee

Filing Fee: \$25.00