

LO8000 116 722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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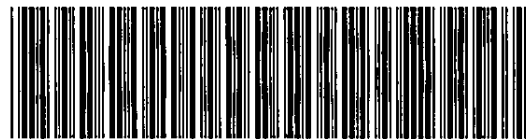
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
STATE OF FLORIDA

2014 JUL 18 PM 12:07

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JUL 21 2014  
D. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Don Epi 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:

**Miguel E Crescioni**

Name of Person

**Don Epi Electric, Llc**

Firm/Company

**8101 Dominguin St.**

Address

**Orlando, Florida 32817**

City/State and Zip Code

**electricianservices@live.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Miguel E Crescioni**

Name of Person

at **407 937-9177**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
Tallahassee, FL 32301

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2014 JUL 18 PM 12:07  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/23/2008 and assigned Florida document number L08000116722.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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 ADDRESS)

8101 Dominguin St.

Orlando, Florida 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8101 Dominguin St.

Orlando, Florida 32817

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Miguel E Crescioni

New Registered Office Address:

8101 Dominguin St.

*Enter Florida street address*

Orlando, Florida

*City*

, Florida 32817

*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 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

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2011 JUL 18 PM 12:07  
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STATE OF FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PEREZ, HERIBERTO	1016 BALTIMORE DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<input checked="" type="checkbox"/> Remove

8101 Dominquin st  
MGRM Crescioni, Miquel E Orlando, FLA 32812 Add

☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Remove

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Remove  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 06/05, 2014



Signature of a member or authorized representative of a member

Miguel E. Crescioni

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA