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## **COVER LETTER**

	egistrátion Section ivision of Corporations
SUBJECT	: DON EPT Ele Ctric, 11C  Name of Limited Liability Company
The enclos	ed Articles of Amendment and fee(s) are submitted for filing.
Please retu	m all correspondence concerning this matter to the following:
	MIGUEL CRESCIONI  Name of Person  DON EPT ELECTRIC, ((C  Firm/Company  EICH BAJA-BIVE  Address  ORLANGO, Florida 32617  City/State and Zip Code  MIGCRES DON LOK. COM  E-mail address: (to be used for future annual report notification)
r: 6 .1	
	information concerning this matter, please call:  (909/ CRESCICIA) at (401) 939-9177  Name of Person at (401) Daytime Telephone Number
1	s a check for the following amount:  Filing Fee

#### 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**

Day 18 ATG Contains 1/c

ı ı	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number $2000016$	ty Company were filed on $\frac{12/23/2008}{122}$ and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
Inc new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8/09 BATH BIVD
(Principal office address MUST BE A STREET AI	DOP BATH BIVD  DODRESSI DELANGE, PLA. 32817
Enter new mailing address, if applicable:	OPUMO PLA 32817
(Mailing address MAY BE A POST OFFICE BOX	0 04mas, Mar 32817
registered agent and/or the new registered office :	
Name of New Registered Agent:	HERIGATO PEREZ  Enter Florida street address
New Registered Office Address:	EIUL BATA BIVD
	Enter Florida street address
	Orlino Florida 32817  City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:
I hereby accept the appointment as registered ag	ent 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	Migral CRESCIONI	Address BIOI BATA BIVD UNLANDO, FLA. 32817			
		oplandy Fla. 32817	Remove		
		CIOI BATABIVO	Change		
MG12	HERICIARTO PEREZ	ORlando, Pla. 32817	Ø(Add		
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or  ote: If the date inserted in this block does not meet the applicable statutory fil  cument's effective date on the Department of State's records.	more than 90 days after fil	ling.) Purs	uant to ( not be l	605.020 listed a
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.i	n. on t	he ea	rlier (
$12/12/17 \dots \dots$				
Signature of a member of withorized representation  HEPLIDERTO DEREZ			_	

Page 3 of 3

Filing Fee: \$25.00