

LO900034815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

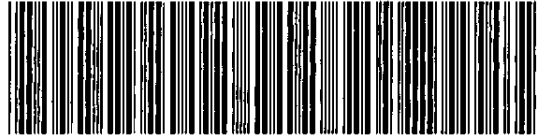
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09 AUG 27 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Electric of SW Florida 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:

Ian Lawson
Name of Person

Professional Electric of SW Florida LLC
Firm/Company

18367 useppa rd
Address

Ft. Myers FL 33967
City/State and Zip Code

Kotacam@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian Lawson at (239) 919-6595
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

PROFESSIONAL ELECTRIC OF SW FLORIDA, LLC

(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 4/18/09 and assigned
Florida document number L09000034815.

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)

☒ **Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

☒ **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:

New Registered Office Address:

Enter Florida street address

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:

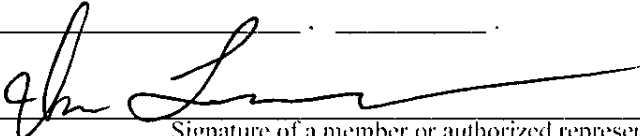
MGR = Manager .

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joeseeph A trupiano	10542 winter view Dr Naples FL 34109	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
09 AUG 28 PM 12:18
SECRET
INFORMATION

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
Ian Lawson

Typed or printed name of signee