109000037247

(Requestor's Name)
(Address)
(Addless)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
1
(Business Entity Name)
(Document Number)
(Boodinion)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400171866994

03/22/10--01057--003 **30.00

SECRETARY OF STATE OF ALL AHASSEF FLORID

S. HAWKES

MAR 2 3 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Almsgiviı	ng Electric, LLC		
		ted Liability Company	<u>.</u>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Todd A Jolly		
		Name of Person		
	Alı	msgiving Electric, LLC		
		Firm/Company		
9414 Alma Street				
		Address		
	Jac	ksonville, Florida 32220		
		City/State and Zip Code		
	almsgi	vingelectric@bellsouth.net		
		to be used for future annual report notifica	ition)	
For further information	concerning this matter, please of	all:		
7	Fodd A Jolly	at (904) 3	12-2796	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAI	LING ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almsgiving Electric, 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 onApril 17, 2009 The and assigned Florida document number L09000037247	æd n ⊢
This amendment is submitted to amend the following:	ED
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 abbre- "L.L.C."	eviation
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 registered agent and/or the new registered office address here:	<u>1e nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sandra E. Jolly	9414 Alma Street Lacksonville Florida 32220	Add Remove
			Add Remove
			TO DE MOVE
			22 PAGE PLO
			Add Remove
			Add
D. If amen	ling any other inform	ation, enter change(s) here: (Attach additional sheets, if necessar	Remove y.)
Dated <u>M</u>	irch 17	, 2010	
	Si	gnature of a member or authorized representative of a member	
		Todd A Jolly Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00