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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Arro	ow Electrical Name of Limit	Services LLC ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Reynold	Joseph Thibid	eau, Jr
	Arrow E	Lectrical Ser	vices LC
	1707 Gula	Lant Drive	
	Titusville	FL 32780 City/State and Zip Code	
	<u> Arrowelecti</u> E-mail address: (to	COLLITT @GYNCK be used for future annual deport notifi	U.COM
For further information e	oncerning this matter, please cal	il:	
heynold Name o	Tribideau Jr f Person	at ( <u>321</u> ) <u>603-</u> Area Code Daytim	1578 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARROW ELECTRICAL SERVICES LLC

(Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or	registered office address on our	AM 9: 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	registered office address on our	records, enter the name of the no
(Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or	registered office address on our	records, enter the name of the na
(Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or	registered office address on our	records, enter the name of the ne
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	<u>OX)</u>	2019 HDV
	<u> </u>	- <u>20   </u>
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET A	<u> </u>	
Enter new principal offices address, if applicable		
-		tion the or meanineviation later.
The new name must be distinguishable and contain the words	de "Limited Liability Company" the decima	tion "LLC" or the abbreviation "LLC"
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:	
This amendment is submitted to amend the followi	ring:	
Florida document number <u>L0900C 1159</u>	<u> 171</u>	
The Articles of Organization for this Limited Liabi		$\frac{7/2009}{}$ and assigned
	ı	1 0
		7/2009 and assigned

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

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
MBR.	Francisco Martinez	3575 Prescrit Lp Lukeland, FL 3	3810 <b>B</b> .Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
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			☐ Change
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			☐ Change
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			☐ Change
			□ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  ) The 90th day after the record is filed.
Dated
Reynold Joseph Thibideau, Jr Typed of printed name of signee

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Filing Fee: \$25.00