

L09000116135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

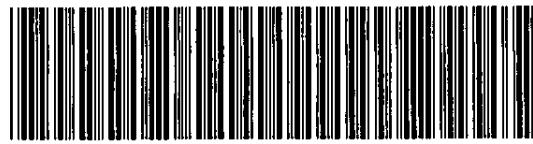
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800234652998

05/07/12--01017--020 **25.00

12 MAY -7 PM 3:04
RECEIVED
FLORIDA
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK

MAY - 9 2012

EXAMINER

ELREHA

Elreha Controls LLC

May 2, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # L09000116135

Please find our Articles of Amendment for Elreha Controls, LLC, Florida
Document L09000116135. We are amending the Manager listed in the Article.

My daytime phone number is: 321-631-3315.

My Mailing Address is: Elreha Controls, LLC
550 Gus Hipp Blvd.
Rockledge, FL 32955

Thank you,

Anne Hattaway
Anne Hattaway
Accounting Manager

FILED

12 MAY - 7 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

550 GUS HIPP BLVD, ROCKLEDGE, FL. 32955
PH (321) 631-3315, FAX (321) 631-2860

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Elreha Controls, 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:

Ahmad Hamadeh

Name of Person

Elreha Controls, LLC

Firm/Company

550 Gus Hipp Blvd.

Address

Rockledge, FL 32955

City/State and Zip Code

Accounting@elrehac.com

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

For further information concerning this matter, please call:

Anne Hattaway

Name of Person

at (321)

631-3315

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY - 7 PM 3:05

FILED

Enclosed is a check for the 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

Elreha Controls, 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 December 3, 2009 and assigned Florida document number L09000116135.

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)

SEARCHED
INDEXED
FILED
12 MAY - 7 PM 3:05
SHERIFF OF FLORIDA
TALLAHASSEE, FLORIDA

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>
MGR	John Ackerman	550 Gus Hipp Blvd. Rockledge, FL 32955	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert Pierce	550 Gus Hipp Blvd. Rockledge, FL 32955	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

STATE OF
FLORIDA
TALLAHASSEE, FLORIDA

12 MAY - 7 PM 3:05

FILED

Dated May 2

Signature of a member or authorized representative of a member

Robert Pierce

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00