

LOG9000121754

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

LOG-121754

(Document Number)

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FILED  
10 MAR 19 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Connell MAR 22 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2010

JOHN ASSALONE  
6350 NE 4TH COURT  
MIAMI, FL 33138

SUBJECT: SOL & C SERVICES LLC  
Ref. Number: L09000121754

We have received your document for SOL & C SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 610A00005765

*[Faint, illegible text, possibly a signature or stamp]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 501/C SERVICES 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:

John Assalone  
Name of Person  
501/C SERVICES LLC  
Firm/Company  
6350 NE 4TH CT  
Address  
Miami, FL 33138  
City/State and Zip Code  
Jassalone@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Assalone at 305 409 7148  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

10 MAR 19 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sol & C SERVICES 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 Dec. 31, 2009 and assigned  
Florida document number 609000121754

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida Electric Consultants LLC

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

**MGR = Manager**  
**MGRM = Managing Member**

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

John Asalone John Asalone  
Signature of a member or authorized representative of a member

Page 2 of 2

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA