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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION

T. HAMPTON

MAR 1 5 2010

EXAMINER

COVÉR LETTER

TO:	Registration Secti Division of Corpo		t				•	
		01100						
SUBJE	CT:	SHOO						
		Name of Lin	uted Lia	bility	/ Compa	ıny		
			:	'			•	
The en	closed Articles of Arr	endment and fee(s) are su	bmitted	 for f	iling.			
Please	return all corresponde	ance concerning this matte	r to the	follo	wing:			
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		A ADVANCE		Н.			ES LLC	
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		•	:					
		PINELI	AS F	ARK	, FLC	RIDA 337	81	
	-		City	State	and Zip (Code		
		g	yurko	vic@	gyaho	o.com		
	-	E-mail address:	(to be us	ed for	future ar	mual report no	tification)	'
For fur	ther information conc	erning this matter, please	call:					
	EŘÍK J C	SYURKOVIC	:	n+ (727)		430-8	201
	Name of Pe			" (Code & Dayti		
Enclose	ed is a check for the f	ollowing amount:						
\$2 5.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status		Certi	Filing fied Co itional c		ed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
٠	Registration Division of P.O. Box 6	Corporations			Reg Div Clif 266	REET/COUR istration Sectision of Corpo ton Building 1 Executive (ahassee, FL 3	ion orations Center Cir	



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 MAR 12 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 5, 2010

ERIK J GYURKOVIC 5685 79TH AVE NORTH PINELLAS PARK, FL 33781

SUBJECT: SHOCK-N-AWE LLC Ref. Number: L10000018899

We have received your document for SHOCK-N-AWE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 210A00005541

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	K-N-AWE LLC_	_ 0-			
(Name of the Limited Liability (A Florida Li	Chmpany as it now appears on our records.) imited Liability Company)	TVISI			
		SICR			
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>FEBRUARY 18, 2010</u>	and an gned			
Florida document number L10000018899	<u> </u>	ア 調音			
<u>.</u> .		3 832			
This amendment is submitted to amend the following:	-	ST ORV			
A. If amending name, enter the new name of the limit	ted liability company here:				
A ADVANCED ELE	ECTRICAL SERVICES LLC	ZS.			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LI	C" or the abbreviation			
Enter new principal offices address, if applicable;	5685 79TH AVENUE NORTH				
(Principal office address MUST BE A STREET ADDRI	PINELLAS PARK, FLORIDA 33	781			
!					
:					
Enter new mailing address, if applicable:	5685 79TH AVENUE NORTH				
(Mailing address MAY BE A POST OFFICE BOX)	PINELLAS PARK, FLORIDA 33	781			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses agent and/or registered agent and/or the new registered office addresses agent and/or the new registered agent and/or the new registered agent and/or the new registered office addresses agent ag		e name of the new			
Name of New Registered Agent:	GTORROVIC				
New Registered Office Address: 5685	79TH AVENUE NORTH				
;	Enter Florida street address				
	PINELLAS PARK Florida	33781			
,	City	Zip Code			
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performance of my duties, and I am ent as provided for in Chapter 608, F.S. Or, ij	n familiar with and this document is ted liability			

ımendin; Managin	g the Managers or Mana ng Member being added	aging Members of removed from	on our records, <u>enter the title, no our records</u> :	ame, and address of each Manage
GR = Ma		;		
<u>le</u>	Name	,	Address	Type of Action
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f amend	ling any other information	on, enter change(s) here: (Attach additional sheets	; if necessary.)
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d	FEBRUARY 26		0 .	AM BA
	G.la	12 1/1	3	
	Sigon		authorized representative of a mem	ber
		ERIK	J GYURKOVIC	
			Page 2 of 2	
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