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(Requ	uestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)	
Certified Copies	Certificate	s of Status
		
Special Instructions to Fi	lling Officer:	
	A. L	UNT
	OCT 2	7 2010
	EXAN	INER

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COVER LETTER

то:	Registration Se Division of Co				
SUBJE	ECT:	PVD	Electric, LLC		
		Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub			
Please	return all correspo	ondence concerning this matter	to the following:		
			Paul V. David		
			Name of Person		
			PVD Services, LLC		7A 201
Firm/Company					
	2740 SW Martin Downs Blvd. #303			ZONO OCT 25 PN W SECRETARY OF S TALLAHASSEE FL	
			Address		
	Palm City, FL 34990			NE: 23	
			City/State and Zip Code		
		E-mail address: (aulvdavid@gmail.com to be used for future annual repo	ort notification)	
For fur	ther information of	concerning this matter, please of	-		
		aul V. David	at (_772_)	919-5687	
	Name o	of Person	Area Code &	Daytime Telephone Numb	er
Enclose	ed is a check for t	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is en	Certific nclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	MAIL	ING ADDRESS:	STREET/C	COURIER 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

	PVD EIG	ectric, LLC			
(<u>Name of the Limite</u> (a Liability Com A Florida Limited	<mark>pany as it now appear</mark> d Liability Company)	s on our records.)		
The Articles of Organization for this Limited I Florida document numberL1000002		ny were filed on	02/26/2010	and assi	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	ability company her	<u>e</u> :		
	PVD Serv	vices, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Li	mited Liability Compa	ny," the designation	LIALLAHI	
Enter new principal offices address, if appli	cable:	<u>n/a</u>		HASE ST &	
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>	-
					-
Enter new mailing address, if applicable:		n/a		E: 29 STATE LORIDA	
(Mailing address MAY BE A POST OFFICE	EBOX)				
B. If amending the registered agent and registered agent and/or the new registered of	~		ur records, <u>enter</u>	the name of	f the new
Name of New Registered Agent:	n/a				
New Registered Office Address:	n/a				
		Ent	er Florida street a	ddress	
			, 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 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>:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	n/a		Add Remove
			Add Remove
		TACE AHASSEE FLOR	> Damove
			Add Remove
D. If a	This is a second request, based on no changes requested other than no to PVD Services, LLC.		_ _ _
Dated _	October 22 , 20	10	_
	·	or authorized representative of a member Paul V. David	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00