

L10000040846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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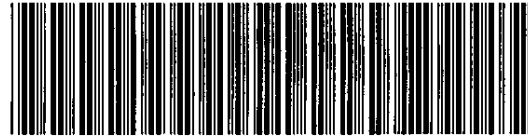
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 30 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Current Electrical Solutions of Collier County, 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:

James Haven

Name of Person

Haven Electric LLC

Firm/Company

3835 20th Ave SE

Address

Naples, FL 34117

City/State and Zip Code

jamesinnaples@yahoo.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James Haven

Name of Person

at ( 239 )

438-5606

Area Code & Daytime Telephone Number

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**

Current Electrical Solutions of Collier County 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 April 16, 2010 and assigned  
Florida document number L10000040846.

This amendment is submitted to amend the following:

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

Haven Electric LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or its abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

3835 20th Ave SE

**(Principal office address MUST BE A STREET ADDRESS)**

Naples, FL 34117

**Enter new mailing address, if applicable:**

3835 20th Ave SE

**(Mailing address MAY BE A POST OFFICE BOX)**

Naples, FL 34117

**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:

James M Haven

New Registered Office Address:

3835 20th Ave SE

*Enter Florida street address*

Naples

Florida

34117

*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>
MGRM	MARKS, RANDY G JR	2620 DESOTO BLVD N NAPLES FL 34120 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT  
SEVENTH JUDICIAL CIRCUIT  
PALM BEACH COUNTY, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 24, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member

James M Haven  
Typed or printed name of signee