610000045699

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	(Address)
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	(City/State/Zip/Phone #)
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J. LEGGETT APR 0 3 2018

COVER LETTER

	tion Section of Corporations
SUBJECT:	wer Bright Electric LLC Name of Limited Liability Company
The enclosed Arti	es of Amendment and fee(s) are submitted for filing.
Please return all c	respondence concerning this matter to the following:
	Willer Estrada. Name of Person Power Bright Electric LLC Firm/Company 4502 NW 185 ST Address Miami Gardens 33055. City/State and Zip Code Hofficer Ognail.com. E-mail address: (td & used for future apprual report notification)
For further inform	ation concerning this matter, please call:
<u> W://.</u>	V Estrado at 305 305-3229. Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: STREET/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**

Power Br	ight Electric	LLC
(<u>Name of the Limited Liability G</u> (A Florida Lii	ophpany as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>[1000045699</u> .	npany were filed on <u>O4/o</u>	28/2010. and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Dara Electric LLC.		
The new name must be distinguishable and contain the words "Limited	I 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 ADDRES	<u>ss)</u>	1/4
)//
Enter new mailing address, if applicable:		88 AC
(Mailing address MAY BE A POST OFFICE BOX)		
	<i>V</i> /	A. = 1
B. If amending the registered agent and/or register	and office address on our m	nounder autou thornome life the name
nce in amending the registered agent and/or register registered agent and/or the new registered office address	s here:	cords, enter the hame of the new
Name of New Registered Agent:		
New Registered Office Address:		A
	Enter Florida street	address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	•	sip code
the state of the s		. I Construction of a second of the second

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from pur records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	V/A		
		- P/A	7. □ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if ne	·
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	11/4.	
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		18
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		25
(If an et Note:	ive date, if other than the date of filing:	tional) er filing.) Pursuant to 605.0207 (3 nis date will not be listed as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 goth day after the record is filed.	a.m. on the earlier of:
Dated	03/27/2018.	
	Signature of a member or authorized representative of a member	
	Stonature of a member or authorized representative of a member	
	Willer Estrada. Typed or printed name of signee	

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Filing Fee: \$25.00