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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
` ' ' '					
(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corp					
SUBJE	:СТ: _К _	& I Associates, LI Name of Lim	C ited Liability Company			
The end	closed Articles of A	mendment and fee(s) are su	bmitted for filing.			
Please	return all correspon	dence concerning this matte	r to the following:			
		Gen Miller				
			Name of Person			
Wollinka & Wol			linka, Attorneys at Law			
Trinity, FL 3			Firm/Company		4	
		1835 Health Ca	are Drive		2010 NOV 19 SLORE PART FALLAHASSI	
		Address			AO AO	<u> </u>
		Trinity, FL 3	City/State and Zip Code		OV 19 PM 4: 88 CPART OF STATE NHASSEE, FLORIDA	
		gen@wollinka.c				
		E-mail address: (to be used for future annual report notificati	on)		
For furt	her information cor	ncerning this matter, please	call:			•
	Gen Miller		at (727) 937-4177			
	Name of I	Person	Area Code & Daytime Te	lephone Number		
Enclose	ed is a check for the	following amount:				
□\$2 5	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &	
	MAILIN	G 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

A.A.& I Electric, Inc. 6740 Osteen Road New Port Richey, FL 34653

November 3, 2010

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re:

K & I Associates, LLC

Gentlemen:

This is to confirm that AA&I Electric, Inc. has no objection and hereby gives its permission for K & I Associates, LLC to change its name to AA&I Electric, LLC.

Yours very truly,

AA&I Electric, Inc.

Anthony lannaccone

President

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & I Associates, LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	d Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>Sept.</u>	29, 2010 and assigned		
Florida document number <u>L10000102035</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	shility somnony horos			
	ability company nete.			
AA&I Electric, LLC				
The new name must be distinguishable and end with the words "Liu.L.C."	mited Liability Company," t			
Enter new principal offices address, if applicable:		AND NO.		
(Principal office address MUST BE A STREET ADDRESS)		988 888 90		
		Se se in		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	 			
B. If amending the registered agent and/or registered		ecords, enter the name of the new		
registered agent and/or the new registered office address he	<u>ere</u> :			
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

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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			2011 NOV
·			Add- Regiove
D. Ifamen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	
<u></u>			

Dated	November 3 , 2010	or or authorized representative of a member	
	_	one, Manager one printed name of signee	

Page 2 of 2

Filing Fee: \$25.00