

L100001/3421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

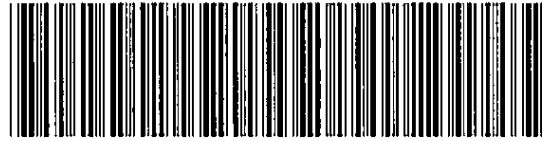
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DIVISION OF CORPORATE AFFAIRS

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CLERK OF SUPERIOR COURT
DIVISION OF CORPORATE AFFAIRS

R. HUNT
12/28/23

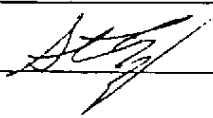
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LOMAR ELECTRIC DESIGNS, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: SETH 12/27

Name Date Time

Walk-In Will Pick Up

111: Bender & Printing - Tallahassee, GA LLC

Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOMAR ELECTRIC DESIGNS, 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:

Jacqueline Regueira, Esq.

Name of Person

Pelaez Maas Law, PLLC

Firm/Company

44 N.E. 16 ST.

Address

Homestead, FL 33030

City/State and Zip Code

Blaise@hamker.net

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

For further information concerning this matter, please call:

Jacqueline Regueira, Esq.

305

247-7132

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOMAR ELECTRIC DESIGNS, 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 11/01/2010 and assigned
Florida document number L10000113421.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

520 NW 9 Avenue

(Principal office address MUST BE A STREET ADDRESS)

Homestead, FL 33030

Enter new mailing address, if applicable:

520 N.W. 9TH AVE.

(Mailing address MAY BE A POST OFFICE BOX)

Homestead, FL 33030

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CLERK OF CIRCUIT COURT
STATE OF FLORIDA

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:

Blaise Hamker

New Registered Office Address:

520 N.W. 9TH AVE.

Enter Florida street address

Homestead

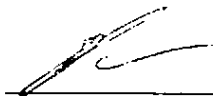
Florida 33030

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 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 our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OMAR LUGO	4 Barracuda Lane	<input type="checkbox"/> Add
		Key Largo, FL 33037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Blaise R. Hamker	520 N.W. 9TH AVE.	<input checked="" type="checkbox"/> Add
		Homestead, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph H. Hamker	520 N.W. 9TH AVE.	<input checked="" type="checkbox"/> Add
		Homestead, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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ILLINOIS
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS


E. Effective date, if other than the date of filing: 01/02/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 21 2023



Signature of a member or authorized representative of a member

Blaise R. Hamker

Typed or printed name of signee

Filing Fee: \$25.00