

# L11000016605

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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11 AUG 17 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 18 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Low Voltage  
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:

Christopher M. Rawlins  
Name of Person

American Low Voltage  
Firm/Company

128 Monson Dr  
Address

Edgewater FL 32132  
City/State and Zip Code

therawlinsbay@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Rawlins at (386) 847-1523  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

American Low Voltage LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on Tue, Aug 9, 2011 and assigned Florida document number L11000016605

This amendment is submitted to amend the following:

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

American Low Voltage

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

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

(Principal office address MUST BE A STREET ADDRESS)

128 Monson Dr

Edgewater Fl 32132

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

(Mailing address MAY BE A POST OFFICE BOX)

128 Monson Dr

Edgewater Fl 32132

**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:

Christopher Rowkins

New Registered Office Address:

128 Monson Dr

Enter Florida street address

Edgewater

Florida

City

32132

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.

Christopher Rowkins  
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:

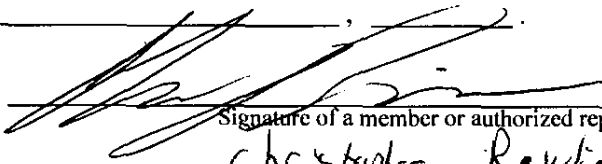
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
OWNER	Christopher M. Rawlins	128 Morrison Dr Edgewater FL 32132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kevin New	110 Reel Ct Sanford FL 32773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Darry New	110 Reel Ct Sanford FL 32773	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Christopher Rawlins

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 17 PM 12:17

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