## 2110000 18961

(Re	questor's Name)	
(Ad	dress)	
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(Au	alessj	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

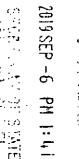




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August 13, 2019

KEVIN BYRNE PINELLAS COUNTY ELECTRIC LLC 3015 46TH AVE N ST PETERSBURG, FL 33714

SUBJECT: PINELLAS COUNTY ELECTRIC LLC

Ref. Number: L11000078967

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00016683

Susan Tallent Regulatory Specialist II

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:		LAS COUNTY ELECTRIC Lited Liability Company	LC
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		KEVIN BYRNE Name of Person	
	Pineurs (	DOURS ELECTRIC  PIM/Company	
		Firm/Company	
	3115	4571 Ave N.	
		Address	
	Sī.	PER, FL. 33714 City/State and Zip Code	
	<u>Caryne</u>	green ledger Solution to be used for future annual report notifi	s. Cov /
For further information	concerning this matter, please ca	·	carony
Kevn	n Byrne	at ( 727 ) 269- Area Code Daytime	1982
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:

The state of the s

TO:

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

	way Electric We	
( <u>Name of the Limited Liab</u> (A Flori	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document numberL11066078967	•	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:	2019 Sign	
(Principal office address MUST BE A STREET ADI	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	egistered office address on our records, enter the name of address here:	the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cny 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>	Address	Type of Action
<u> </u>	KAISER / GLENN	3015 46 M AJE N.	□ Add
	•	St. PETE, FL. 33714	Remove
			☐ Change
_P	VERSON, DAVID	3015 41 TH AVEN	
		STPEREIPL 33714	Remove
_5V_	VALHAKIS JAMIE	3015 4LTH AVE N	Add
		ST. lete, Pl. 33714	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			□ Chanse

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<u>ite:</u> If	e date, if other than the date of filing: \( \frac{9}{15} \) \( \frac{12019}{2019} \) (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
reco he 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or 0th day after the record is filed.
ted	Signature of member or authorized representative of a member
	KEUIN BYRNE