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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
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(Do	ocument Number)	
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02/16/21--01024--001 **25.00

COVER LETTER

TO:

TO: Registration Se Division of Con				
	PORARY ELECTRICAL LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael J. Ingrao			
		Name of Person		
	CONTEMPORARY ELE	CTRICAL LLC		
		Firm/Company		
	116 East Citrus Street			
	-	Address	<u> </u>	
	Altamonte Springs, FL 33	2701		
		City/State and Zip Code		
	ingrao777@cs.com			
	E-mail address; (to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
Michael J. Ingrao		407 331-3577 at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 5		Street Address: Registration Se	ection	
Division of C			Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTEMPORARY ELECTRIC.	AL LLC		
(<u>Name of the Lim</u>	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	1
The Articles of Organization for this Limited I	Liability Company	were filed on October 11, 2011	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
			2.1
 If amending the registered agent and/or igent and/or the new registered office addre 		address on our records, enter th	e name of the new regis
Name of New Registered Agent:	N/A	<u> </u>	<u> </u>
New Registered Office Address:			30
		Enter Florida street address	
		, Flori	ida
		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 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
AMBR	JEFF GALLOWAY	116 E. Citrus Street Altamonte Springs, FL 32701	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		🗆 Add	
			□Remove
			□Change
			□Add
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			□Add
	·	Remove	
			□Add
			□Remove
			□Change

N/2	L
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ective	date, if other than the date of filing: (optional) ve 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 (
<u>te:</u> If i	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ument	's effective date on the Department of State's records.
cord s s tiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	•
ed	8 11 2021
	Millad A Dranger
	Signature of a member or authorized representative of a member
	Michael J. Ingrao

Filing Fee: \$25.00