11000140591

•
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2012 GPR -4 History of STATE CONTRACT OF STATE C

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APR - 5 2012

EXAMINER

COVER LETTER

TO: ' Registration Section

Tallahassee, FL 32314

Division of Co	orporations				
SUBJECT:	Manad	de Electric LLC			
30 B0 EC 1.		nited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	er to the following:			
		Carol Manade			
		Name of Person			
	Manade Electric LLC				
		Firm/Company			
		2227 SW 5th Avenue			
		Address			
		Cape Coral, FL 33991			
		City/State and Zip Code			
	E-mail address:	cmanade@gmail.com (to be used for future annual rep	ort notification)		
For further information	concerning this matter, please	call:		445,	
Ch	narles Manade	at (239.)	770-1815	2012	
Name	of Person	Area Code &	Daytime Telephone Number	2012 APR -4 SACSTERATE B ALLESTER BASSEE	# # Lui ~
Enclosed is a check for	the following amount:				ÿ ,
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	e of Status &	
Regis Divisi	LING ADDRESS: tration Section ion of Corporations	Registration Division of	Corporations		
P.O. I	Box 6327	Clifton Bui	iaing		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Man	ade Electric LLC			
(<u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Compar	y)		
The Articles of Organization for this Limited Liability Florida document number L11000140591	Company were filed on _	December 14, 2011 and a	ssigned	
	 -			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :		
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Co	mpany," the designation "LLC" or the	abbreviatio	
Enter new principal offices address, if applicable:	 			
Principal office address MUST BE A STREET ADD	<u>PRESS)</u>			
		3 2 12 112		
		[1] 20 00 00 00 00 00 00 00 00 00 00 00 00		
Enter new mailing address, if applicable:		Batter 19	ef wording or	
Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·	
			G cathe	
B. If amending the registered agent and/or regi	stered office address o dress here:	n our records, enter the name	of the nev	
egistered agent and/or the new registered office ad	diess here.			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
	, Florida			
	City	Zip Cod	de	

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Charles Manade	2227 SW 5th Avenue Cape Coral, FL 33991	Add Remove
			Add Remove
			Add Remove
······································			Add Remove
			Add Remove
		で を で な で な で な で た こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ	Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary)	
_ _ _			_ _ _
Dated	April 2, , 20	12 //	<u></u>
	Signature of a member	or authorized representative of a member	
		harles Manade	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00