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# **COVER LETTER**

Division of Corpo			
SUBJECT:	Tarpon Bay Name of Limited	Electric LL &	<u></u>
The enclosed Articles of Ar	nendment and fcc(s) are submit	tted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Derek	Hershberger Name of Person	
		Bay Electric &	16
	5436 Cata	Tyst Ave.	
	Sarasota, t	-2, 34233 City/State and Zip Code	<del></del>
	E-mail address: (to b	oe used for future annual report notificat	ion)
For further information con-	cerning this matter, please call:		
Derell Name of P	Hershberger	at (941) 536 - Area Code Daytime Te	4311 dephone 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

F	LED
''07V	
TALLAH JARY	S AMII: 23
TALL AHASSEE	FLORIDA

	"ALLAH ARY OF
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>し 1 ス                                 </u>	Company were filed on $Apr_1 > COL$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the ned dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cin 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
MGR	Alvis, Jason	817 Honore Ave.	Add
		817 Honore Ave. Sarasota, FL. 34242	Remove
			Change
			🗆 Add
			Remove
			Remove  Science  Add Add Add Add Add Add Add Add Add Ad
			AND T
			A Cemour
			Change
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			□ Remove
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			Change
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			Pemove
			□ Change

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(If an effecti Note: If t	e date, if other than the date of filing: October 970 (optional) tive 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 it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of 0th day after the record is filed.
Dated	October 16 2017
	Signature of a member or authorized representative of a member
	Derek Hershberger Typed or printed name of stgnee

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Filing Fee: \$25.00