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Office Use Only



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COVER LETTER

Division of Co	rporations		
SUBJECT:	Complete E	lectrical Solutions LLC	
	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
		George Glenn King Jr	
		Name of Person	
	Con	plete Electrical Solutions LLC	
		Firm/Company	
		13949 61st Lane N	
		Address	
	\	Vest Palm Beach, FL 33412	
		City/State and Zip Code	
		Glenn.cesllc@gmail.com	
		to be used for future annual report	notification)
For further information co	oncerning this matter, please c	all:	
George Gl	enn King Jr	561	876-8091
Name of	Person	at ()	rtime Telephone Number
Enclosed is a check for the	e 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:

TO: Registration Section

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**

Complete Electrical Solutions LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	04/11/2012	and assigned
Florida document numberL12000049208	<u>-</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)		ALL ALL
		EB AH
		-5
Enter new mailing address, if applicable:		№
(Mailing address MAV DE A DOST OFFICE DOSS		FL.
		RATE
D 44		0
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter th	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flori	da street address	
	Florida	
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 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
AMBR	Christopher Lawrence	2250 SE 24TH BLVD.	_ ■ Add
		OKEECHOBEE, FL 34974	☐ Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
			🗖 Add
		<u></u>	□ Remove
			Change
			
			□ Remove
			□ Change

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Filing Fee: \$25.00