

L12 0000 52754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

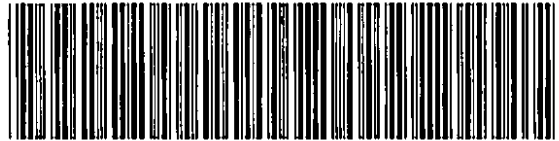
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN 15 PM 12:09

N COOPER

JUN 18 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRAY BROTHERS ELECTRIC, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID GRAY  
Name of Person

GRAY BROTHERS ELECTRIC, LLC.  
Firm/Company

4966 SW 183<sup>RD</sup> TERRACE  
Address

DUNNELLON, FL 34432  
City/State and Zip Code

GRAYBROTHERSELECTRIC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID GRAY at (352) 512-4317  
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:  
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**

GRAY BROTHERS ELECTRIC, LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/17/12 and assigned  
Florida document number L12000052754

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
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AMBR	BENJAMIN E GRAY SSN - 008-66-3030	4966 SW 183 <sup>RD</sup> TERRACE	<input type="checkbox"/> Add
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I AM REMOVING BEN GRAY AS A AMBR & TAKING BACK HIS 10% PERCENT OWNERSHIP	DUNWELLON, FL 34432		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

(MGR DAVID E GRAY 008-66-1943 PLEASE UPDATE MY(MGR) STATUS TOO (WAS 90%) NOW 100% & SOLE OWNER OF BUSINESS			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	100% OWNER		<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AS STATED ON PREVIOUS PAGE I  
DAVID E GRAY MANAGING MEMBER OF  
GRAY BROTHERS ELECTRIC, LLC. AM REMOVING  
MY BROTHER BENJAMIN E GRAY FROM THE  
BUSINESS, TAKING BACK HIS 10% PERCENT  
OWNERSHIP AND ELIMINATING HIM AS A  
MANAGER OR MANAGING MEMBER OR  
AUTHORIZED MEMBER OF THIS BUSINESS  
PLEASE UPDATE THE RECORDS TO REFLECT  
ME (DAVID EATON GRAY) AS SOLE 100%  
OWNER & MANAGING MEMBER FOR  
GRAY BROTHERS ELECTRIC, LLC.  
EFFECTIVE IMMEDIATELY  
David E. Gray 6-12-18

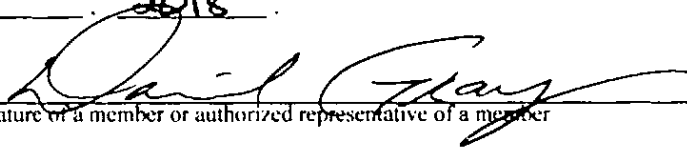
F. Effective date, if other than the date of filing: 6-12-2018 (optional)

(If an effective 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 (3)(b)

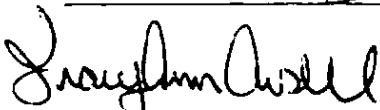
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated June 12 2018

  
Signature of a member or authorized representative of a member

DAVID GRAY  
Typed or printed name of signee



  
Notary Public  
State of Florida  
My Commission Expires 11/28/2020  
Commission No. GG 51068

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Filing Fee: \$25.00

SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JUN 15 PM 12:09