## L1300050883

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2019 JUN-5 PM 3: 12
SECRETARY OF STATE
BALL-AHASSEE FISHINA

7JUN 06 2013 D. BRUCE



May 29, 2013

DIEGO ACUNA 4105 COVEY RUN NAPLES, FL 34109

SUBJECT: STRIKING ELECTRIC LLC

Ref. Number: L13000050883

We have received your document for STRIKING ELECTRIC LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00013468



## **COVER LETTER**

, Division of Co.					
_	Electric LLC				
SUBJECT:	Name of Limite	ed Liability Comp	pany	<del></del>	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Diego Acuna				
		Name of Pers	son		
	Strking Electric LLC				
		Firm/Compa	ny		
	4105 Covey Run				
		Address			
	Naples, Fl. 34109				
	diegoaboca@hotmail		t d		2818 JUN-5 SECRETARY FALL-AHASS
	E-mail address: (to	be used for future	annual report notificați	on) :	HASE TO
For further information of	concerning this matter, please ca	ill:			
Luis M Matta		239 at (	2494181		PM 3:
Name o	of Person		rea Code & Daytime Te	lephone Number	- 12
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional		Certified C	of Status &
	JING ADDRESS: ration Section		TREET/COURIER egistration Section	ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Santa entre 1920 en 1920

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRIKI	NG ELE	ecterc 1	10.	
(Name of the Limited	I Liability Compa A Florida Limited I	ny as it now appears on our liability Company)	r records.)	
The Articles of Organization for this Limited L  L13000050883  Florida document number		04/08/20		ed
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and end wi	ith the words "Limi	ited Liability Company," the	designation "LLC" or the abbr	eviatio
Enter new principal offices address, if applie	cable:	4105 Covey Run		
(Principal office address MUST BE A STREET ADDRESS)  Nat		Naples, Fl. 34109	7 2	entire '
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	' <u>BOX)</u>		JUN-5 PH 3: 12	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the	<u>ie nev</u>
Name of New Registered Agent:	Luis M Mat	ta		
New Registered Office Address:	6300 towns	enter cir.		
		Enter Flor	ida street address	
	Naples	Cin	_, Florida <u>34119</u> <i>Zip Code</i>	
		City		

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Diego Acuna	4105 Covey Run	Add
		Naples, Fl. 34109	Remove
MGRM	Luis M. Matta	6300 towncenter cir	Add
		Naples; Fl. 34119	Remove
			Add
			Remove
			Add
			Remove
			SEURETARY SALLAMA 999
			Add  Remove  AHA99EE FLORIDA
			Add

	mending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	_	• •
• ,		
	may 22th	2013
ited _	<u> </u>	As actoria
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE