

12/10/2014 13:38

API Processing

0545673401

NO: 882 #201

12/10/2014

Division of Corporations

H140002851923

Page 1 of 4

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000285192 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

14 DEC 10 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Annette@apiprocessing.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EVOLUTION ELECTRICAL CONTRACTOR GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

14 DEC 10 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 11 2014

<https://efile.sunbiz.org/scripts/efilcovr.aspx>

T. HAMPTON

H140002851923

1/1

H140002851923
page 2 of 4

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Evolution Electrical Contractor Group 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 06/10/2013
Florida document number L13000083205

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

City, Florida

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 603, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H140002851923

MGR = Manager

AMBR = Authorized Member

Page 3 of 4

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Claudia Silvana Jerez	8131 NW 11 Ct.	☒ Add
		Pembroke Pines, FL 33024	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
14 DEC 10 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H140002851923

12/10/2014 15:41 API Processing

9545673401

NO.692 . #004

Dec 10 14 01:16p

KILOWRTTS ELEC & LTG #3

13051 863-7800

P.1

H140002851923

Page 4 of 4

D. If unending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specified, cannot be prior to date of receipt or filed here and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

✓ Dated December 10 2014

Walter T. Gaudin - MGR
Signature of a member or authorized representative of a member

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
14 DEC 10 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H140002851923