

L13000 095 068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

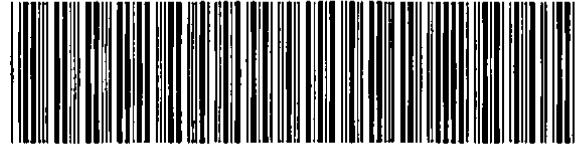
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AUG 29 2 23 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMADO 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:

OZ LOPEZ

Name of Person

OUTSOURCE BUSINESS SOLUTIONS LLC

Firm/Company

141 W. CENTRAL AVE. STE. 7

Address

WINTER HAVEN, FLORIDA 33880

City/State and Zip Code

OZLOPEZ@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OZ LOPEZ

Name of Person

at (863) 670-1780

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

AMAOD ELECTRIC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2013 JUL 29 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07-03-2013 and assigned
Florida document number L13000095068.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1207 LOUISIANA ST.

WAUCHULA, FL. 33873

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1207 LOUISIANA ST.

WAUCHULA, FL. 33873

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:

OUTSOURCE BUSINESS SOLUTIONS, LLC

New Registered Office Address:

141 W. CENTRAL AVE. STE 7

Enter Florida street address

WINTER HAVEN

City

Florida 33880

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>
<u>MGR</u>	<u>ADAM R. RAMIREZ</u>	<u>1207 LOUISIANA ST.</u>	<input checked="" type="checkbox"/> Add
		<u>WAUCHULA, FL. 33873</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>SALVADOR ROCHA</u>	<u>1207 LOUISIANA ST.</u>	<input checked="" type="checkbox"/> Add
		<u>WAUCHULA, FL. 33873</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR.</u>	<u>AMAND CHILS</u>	<u>2405 ROSLYN LANE</u>	<input type="checkbox"/> Add
	<u>(STAYS SAME)</u>	<u>LAKE LAND, FL 33812</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

I AM ADDING TWO ADDITIONAL PARTNERS
TO MY COMPANY

E. Effective date, if other than the date of filing: _____ (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 7-26- 2019

Amado Chils

Signature of a member or authorized representative of a member

AMADO CHILS

Typed or printed name of signee