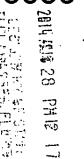
L14000001128

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Electric and Mechanical Services 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:

Scott Barry

Name of Person

Tropical Electric and Mechanical Services LLC

Firm/Company

160 Patrick Mill Circle

Address

Ponte Vedra, FL 32082

City/State and Zip Code

mbery2595@aol.com

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

For further information concerning this matter, please call:

Scott Barry

*..*904*.*502-9428

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

(d) [4] [4] [5]

□ \$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

Tropical Electric and Mechanical Services 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 1/3/2014 and assigned Florida document number L14000001128 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tropical Electric Service LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager

ANIDK - A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If amending any other information, enter			
			
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Effective date, if other than the date of file (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departr	date of receipt or filed date	and cannot be more than 90 day	tional) s after
Dated August 12	<u>2014</u> .		
Scar 8	1. Bar	1	
Scott F. Barry	f a member or authorized re	1	
	Typed or printed name	of signee	2
			2114 2018
			S

Page 3 of 3

Filing Fee: \$25.00