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COVER LETTER

S Div	vision of Cor	porations		,
SUBJECT:		LECTRICAL SERVICES LLC		
SOBJECT.	· · ·	Name of Lim	ited Liability Company	,, , , , , , , , , , , , , , , , , , ,
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		DAVID LEVY		
		 	Name of Person	
		E AND I ELECTRICAL S	SERVICES LLC	
Firm/Company 7351 MANDRAKE ROAD				 -
Address				
		WEEKI WACHEE, FL 34	613	
			City/State and Zip Code	
		WARRENSTAX@BELLS		
		E-mail address: (to be used for future annual report notif	ication)
For further is	nformation co	oncerning this matter, please ca	all:	
DAVID LE	VY		727 505-5035 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

E AND I ELECTRICAL SERVICES LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L14000005528</u> .	re filed on 01/10/2014 and assigned
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 C	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)	
· <u> </u>	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
-	55 S
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Plortae street address

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 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>	Name	Address	Type of Action
MGR	DONALD M COSTA, JR	7124 CAMBRIDGE STREET	□ Add
		SPRING HILL, FL 34606	_ ■ Remove
			Change
			□ Add
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior Ote: If the date inserted in this block does not meet the application cument's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but no The 90th day after the record is filed.	et an effective time, at 12:01 a.m. on the earlier
August 16 , 2016 , 2016	··
MAVID 1809	
	orized representative of a member

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Filing Fee: \$25.00