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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:		LECTRICAL SERVICES LL	С			
oobane i.		Name of Lim	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		DAVID LEVY				
			Name of Person			
		E AND I ELECTRICAL S	SERVICES LLC			
		Firm/Company				
		7351 MANDRAKE ROA	D			
			Address			
		WEEKI WACHEE, FL 34	4613			
		EANDIELECTRIC2015@	City/State and Zip Code YAHOO.COM			
		E-mail address; (to be used for future annual report notifi	cation)		
For further in	nformation co	oncerning this matter, please co	all:			
DAVID LEV	/Y		727 505-5035			
	Name of	Person	at ()	Telephone Number		
Enclosed is 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 (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/10/2014 and assigned
Florida document number L14000005528	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here;
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the noress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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>	Name	Address	Type of Action
MGR	JOHN R BEDSON	1348 CLOVIS LANE	
		SPRING HILL, FL 34608	_
			■ Remove
			Change
	JOSH ALMEIDA	1252 GARRET AVE	to Change
MGR			
		SPRING HILL, FL 34606	
			■ Remove
			Change
	DOUGLAS BOLANDER	7198 MAPLE DR	
MGR			SAdd-
		SPRING HILL. FL 34607	1 1
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			ج : ر
		7400 MARIE DR	Change Change
MGR	ANDREW BOLANDER	7198 MAPLE DR	,
		SPRING HILL, FL 34607	■ Add
			☐ Remove
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	ate of filing:	or to date of filling or more th	(optional) an 90 days after filing.)	Pursuant to 605,0207
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If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the properties of the specifies and elayed expected and the specifies and elayed expected.	k does not meet the appli artment of State's record effective date, but n	icable statutory filing requise.		
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Dated	k does not meet the appliantment of State's record effective date, but not is filed.	icable statutory filing requise. not an effective time,	, at 12:01 a.m. o	
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Filing Fee: \$25.00