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APPROVED AND FILED

1. 2) M

COVER LETTER

TO:	Registration Se Division of Co			
eun re		LECTRICAL SERVICES LLC		
SUBJE	UI:	Name of Lim	Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		DAVID LEVY		
			Name of Person	
		E AND I ELECTRICAL S	SERVICES LLC	7019 H SECO
		7351 MANDRAKE ROAI	Firm/Company	RIS P
		WEEKI WACHEE, FL 34	Address 613	2019 HAR 15 PH 4: 10 2019 HAR 15 PH 4: 10 SECRETARISMENT FRANCE SE
		TAMMI@WARRENSTAX	City/State and Zip Code C.COM	
		E-mail address: (to be used for future annual report notification)	_
For furth	ner information c	oncerning this matter, please co	all;	
DAVID	LEVY		727 505-5035	
	Name o	f Person	Area Code Daytime Telephone Nun	iher
Enclosed	l is a check for the	he following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
			·	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	i:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E AND I ELECTRICAL SERVICES LLC	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number 1.14000005528	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	
Enter new principal offices address, if applicable:	TAR PO
(Principal office address MUST BE A STREET ADDRESS)	TAR TO THE TARREST OF
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	•
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, enter the name of the new
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 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 **Title** Name **Type of Action** Address DOUGLAS BOLANDER 7198 MAPLE DR **AMBR** □ Add SPRING HILL, FL 34607 Remove ☐ Change ANDREW BOLANDER 7198 MAPLE DR AMBR SPRING HILL, FL 34607 Remove Remove Change □ Add ☐ Remove _ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

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Filing Fee: \$25.00