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(Requestor's Name)
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,
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(Business Entity Name)
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	Registration Se Division of Cor		•		
		LECTRICAL SERVICES LLC			
SUBJEC"	l:	Name of Limi	ited Liability Company	- : :	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please reti	um all correspo	ndence concerning this matter	to the following:		
		DAVID LEVY			
		WARREN'S TAX & ACC	Name of Person OUNTING SERVICE		
			Firm/Company		
		8346 FOREST OAKS BLV			
		····	Address		
		SPRING HILL, FL 34606			
		TAMMI@WARRENSTAX	City/State and Zip Code COM		
E-mail address: (to be used for future annual report notification)					
For furthe	r information c	oncerning this matter, please co	all:		
DAVID L	EVY		727 505-5035		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed !	is a check for th	ne following amount:			
8 \$25.00	0 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

assigned
assigned
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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>	Address	Type of Action
MGR	JACKSON ROSSMAN	11547 TRUMBULL DR	
———			
		SPRING HILL, FL 34609	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more tote: If the date inserted in this block does not meet the applicable statutory filing re ocument's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	e, at 12:01 a.m. (on the e	arlier of
ated SEPTEMBER 19			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00