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#### **COVER LETTER**

Div	ision of Cor	porations			
SUBJECT:	Premier Ele	ctrical Solutions, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Michael Winterton			
			Name of Person		
		Premier Electrical Solution	ns, LLC		
			Firm/Company		
		30047 Redoak Avenue			
			Address		
		Eustis, FL 32736			
			City/State and Zip Code	:=1 es	
		m.winterton@PASS-FL.cor		ication) AH	
		E-mail address: (	to be used for future annual report notif	ication)	T
For further i	nformation c	oncerning this matter, please ca	all:	TAR) TARSH	
Michael Wi	nterton		407 558-1458 at ()_	SECRETARY OF STALLAHASSEE, FL	
	Name o	f Person		Telephone Number 2: 36	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 I	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 enclo	

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Bea 632" 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

Premier Electrical Solutions		
( <u>Name of the Limited</u> (Å	Liability Company as it now appears on our recording the Company Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liab Florida document number L14000167271	ility Company were filed on 10/27/2014	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered offic		SECRETARY OF the north of the n
		OA SE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	dress
		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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David Winterton	P.O. Box 1389	□ Add
		Sorrento, FL 32776	Remove
			Change
MGR	Timothy Z Chinchor	119 Twisted Oak Trail	■ Add
		Deltona, FL 32725	Remove
			☐ Change
			□ Remove
			Change  Change  Change
			SSEEF, FL
		<del></del>	Change
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ective date, if other than	the date of filin	1g•		(or	tional)		
effective date is listed, the date	must be specific an	nd cannot be prior	to date of filing or	more than 90 days at	der filing.) P		
e: If the date inserted in thi ument's effective date on the			able statutory fili	ng requirements, t	his date wi	ll not be	listed
		51000105					
record specifies a dela	ved effective	date but no	t an effective	time at 12:0	La.m. or	the e	arlier
he 90th day after the			c an oncento	time, at 1210.			ac.
July 09 ed		2015					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00