L14000179209

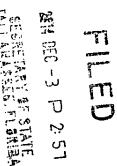
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
* * * * * * * * * * * * * * * * * * *
(Business Entity Name)
(Dusiness Littly Name)
(D.,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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B. BOSTICK
DEC 11 2014
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	ection porations		* ************************************	
SUBJECT:	352 Electri	LLC '	6	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	O	nald Russell Name of Person		
	3	52 Electric LL Pirm/Company		
	290	NE 10th Address	S+ 7 m	7244 DEC
	Gainesvil	le FL, 32609 City/State and Zip Code	(1) 20 (1	
	E-mail address:	eate don @ hotmail. to be used for future annual report notifi	com ication)	-3 P 2:
For further information c	oncerning this matter, please c	all:	12017	7
Name o	Ald Ressell f Person	at (352) 284 Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 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 State Certified Copy (additional copy is enc	

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

TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa		on our records.)	
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	11-19-2014 and assign	gned
Florida document number <u>L14000179209</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	r <u>e</u> :	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the d	lesignation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		100 mm 1	
		in -< ₩ H H Trrr	77
Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BOX)	1		<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, enter the name o	f the no
New Registered Office Address:	Enter Florid	da street address	
		, Florida	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of n	my duties, and I am familiar with	and

If Changing Registered Agent, Signature of New Registered Agent

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.

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** MGR Donald Russell 2903 NE 10th ST Add Gnivesville FL 32609 _ Remove _□ Add □ Remove 🔂 🗆 Add Remove STATE BATE Ņ _্ৰ D Add □ Remove □ Add ☐ Remove □ Add ☐ Remove

•	•		
effective da	e, if other than the date of filing: _ te must be specific, cannot be prior to date o cument is filed by the Florida Department of	f receipt or filed date and cannot be	(optional) more than 90 days after
effective da date this do	te must be specific, cannot be prior to date o	f receipt or filed date and cannot be State)	(optional) more than 90 days after
effective da date this do	te must be specific, cannot be prior to date o cument is filed by the Florida Department of	f receipt or filed date and cannot be State)	(optional) more than 90 days after
e effective da e date this do	te must be specific, cannot be prior to date o cument is filed by the Florida Department of November 30,	f receipt or filed date and cannot be State)	more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SEGNETARY OF STATE