

L15000049782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/23/15--01001--011 **25.00

EFFECTIVE DATE

4-22-15

DIVISION OF CORPORATION

15 APR 22 PM 4:01

RECEIVED

15 APR 22 PM 4:06

15 APR 22 PM 4:06

APR 22 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A + ElectricalContractors LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rafael Frias

Name of Person

Firm/Company

1630 Stanley Avenue

Address

Tallahassee, FL 32310

City/State and Zip Code

aplusfriasservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Frias

850 509-9926

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

A + ELECTRICALCONTRACTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/19/2015 and assigned
Florida document number 115000049782.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A + ELECTRICAL CONTRACTORS LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1630 STANLEY AVENUE

TALLAHASSEE, FL 32310

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1630 STANLEY AVENUE

TALLAHASSEE, FL 32310

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rafael Frias

New Registered Office Address:

1630 STANLEY AVENUE

Enter Florida street address

TALLAHASSEE

City

, Florida 32310

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRIAS, RAFAEL	3922 ROSWELL DRIVE	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Remove
MGR	FRIAS, RAFAEL	1630 STANLEY AVENUE	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32310	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

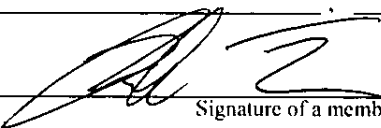
*Address
Correction*

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 04/22/2015 **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 22, 2015



Signature of a member or authorized representative of a member

RAFAEL FRIAS

Typed or printed name of signee