115000051329

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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16 FEB 29 PH 3: 12 SECRECARINE STATE

1:4R 0 3 2016 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Standard Electric 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:
Orlando Smith Name of Person
Standard Electric
Firm/Company 7000 NW 16 St. Address
Plountation F1. 33313 City/State and Zip Code Your Standard Electric @ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 536-2895 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2016

ORALNDO SMITH 7000 NW 16 ST PLANTATION, FL 33313

SUBJECT: STANDARD ELECTRIC LLC

Ref. Number: L15000051329

2016 FEB 29 PM 4: 29

We have received your document for STANDARD ELECTRIC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Name of business, date of filing, and document number is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00003038

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Standard Electi			· · · · · · · · · · · · · · · · · · ·	٠.
(Name of the Limited Lia) (A Flo	bility Company as it now appears on ou rida Limited Liability Company)	r records.		
The Articles of Organization for this Limited Liability	y Company were filed on 3/23	3/15	and assigned	
Florida document number <u>LISOCOO 51 3</u>				
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here:			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designati	on "LLC" or the al	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET AD	DRESS)			
	<u> </u>		SE B	
Enter new mailing address, if applicable:		·		
(Mailing address MAY BE A POST OFFICE BOX)		<u>;</u>		
	·			
		ن د		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our l ddress here:	records, enter	the name of the n	ew
togistered agent and/of the new registered diffee a	<u>uutess nere</u> .			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et address		
		, Florida	7: 6.1	
	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

	from our records:		
GR = 'M MBR = A	anager uthorized Member		
tle	Name		Type of Action
14K	Orlando Smith	7000 NW 165t. Plantation Fl.	Add
			_□ Remove
1P			_□ Change
发、	Paul Johnson	7000 NW 1654 Plantation Fl. 33313	Add
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te: If the date inserted in this block do cument's effective date on the Departn	ecific and cannot be prior to date of filing or more that be not meet the applicable statutory filing requirent of State's records. Ective date, but not an effective time,	irements, this date will not be listed
ne source, area the record is	o niceu.	
ed February 8th	<u>2016</u> .	
Signal	ture of a member or authorized representative of a m	27 <u>(2.</u> 111)
Orlando Smi	Hu.	B 29
VI IMIGO SIMI	Typed or printed name of signee	PH 1
•		70 Q
	Page 3 of 3	RID RID

Filing Fee: \$25.00