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## **COVER LETTER**

Divisio	n of Corporations	
SHB IECT:	FLOCK SORVICE LLC	
To: Registration Section Division of Corporations  SUBJECT: ELECT Service LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Moab Pimeure Name of Person  ELect Service LUC  Firm/Company  8304 Hadler Ct. Address  Tampa - FL - 33634  City/State and zip Code  Com Hack Delects Sel vice Flood 196. Good  Email address (to be used for future annual report notification)  For further information concerning this matter, please call:  Moab Pimeure  Name of Person  at (239) 601 4858  Deytime Telephone Number  Enclosed is a check for the following amount:  80 \$25.00 Filling Fee  Certificate of Status  Certified Copy (additional copy is enclosed)		
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	8904 Hadler Ct. Address	\$60.00 Filing Fee, Certificate of Status & Certified Copy
	mation concerning this matter, please call:	
Me	Name of Person at (239) 60/ 4858  Area Code Daytime Telephone Number	-
Enclosed is a cho	ack for the following amount:	
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	MAILING ADDRESS: STREET/COURIER ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

## **ARTICLES OF AMENDMENT** TO **ARTICLES OF ORGANIZATION** 0F

Elect Service LLC	
(Name of the Limited Liability Company as it now appears (A Floride Limited Liability Company)	on our records)
The Articles of Organization for this Limited Liability Company were filed on( Florida document number $15000073834$	04/27/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company hen	<b>e</b> :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	IAS +
(Principal office address MUST BE A STREET ADDRESS)	
	<u>\$7                                </u>
	SEE.
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florid	la street address
	. 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 Title Name Address Type of Action Denile Steller 8904 Hadley Ct. 33634 D'AND DENILE STELLER AMBR \_□ Remove \_\_ Change □ Remove \_\_\_\_\_\_ Change \_\_ 🗆 Add \_\_ D Remove □ Change □ Add \_□ Remove \_\_\_\_\_ Change □ Add \_□ Remove \_\_ Change

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