L15000100405

(Re	equestor's Name)			
(Ac	ldress)	 		
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
,50	ournent valuesly			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500289302745

16 AUG 22 AM 10: 47

DEPARTMENT OF SIA

S Warren AUG 2 3 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 258920 REFERENCE : AUTHORIZATION \$ 25,00 COST LIMIT : ORDER DATE: August 18, 2016 ORDER TIME : 9:34 AM ORDER NO. : 258920-010 CUSTOMER NO: 8107255 DOMESTIC AMENDMENT FILING NAME: SAFETY ELECTRICAL SERVICES., LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ___ RESTATED ARTICLES OF INCORPORATION

CONTACT PERSON: Courtney Williams -- EXT# 62935

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 06/09/2015	<u>s.</u>)		
		and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	" or the abbre	eviation "I	L.C."
Enter new principal offices address, if applicable:		2516	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		්තී — ලබ	PELINANTES
	SES CAR	2	m
Enter new mailing address, if applicable:	Tion Tion	D	
(Mailing address MAY BE A POST OFFICE BOX)	ORID	\$	
	DE.	Ţ.	

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>	Address	Type of Action
AMBR	Debra Murrelle	1811 Wexham Blvd, Apopka, FL 32703	□ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add
		·	□ Remove
		LIHASS	□ Changei
		OF STATE	Add Add Remove
		RIDA	f □*Change

• .	·	
•		<u>' </u>
		
		
		·
Note	tive date, if other than the date of filing:	uant to 605.0207 (3)(b) not be listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t e 90th day after the record is filed.	he earlier of:
Date	August 18, 2016.	No
	Signature of a member or authorized representative of a member	
•		1
	Perry Murrelle, Member Typed or printed name of signes	lle-
	Typed or printed name of signer	i m
		> 0
	Page 3 of 3	5

Filing Fee: \$25.00