Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001829593)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AFI PROCESSING Account Number : I20110000069

Phone

: (954)567-0013

Fax Number

: (954)567-3401

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please, **

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELECTRICAL ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 2 9 2015

Y SULKER

Electronic Filing Menu

Corporate Filing Monu

Help

HO.103 #002

H150000182959 3 Page 2 of 4

ARTICLES OF AMENDMENT P TO ARTICLES OF ORGANIZATION OF

Hiertrical Enterprises, LLC		
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company were filed on	06/16/2015	and assigned
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 design	nation "LLC" or the ubbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Page Page Page Page Page Page Page Page	2015
(Mailing address MAY BE A POST OFFICE BOX)	22 X X X X X X X X X X X X X X X X X X	
	Ç03.	CO Princip
	rn - c	>>
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ir records, <u>enter ti</u>	70
	Ça [®]	2
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
Enter Florida s	street address	
Control of the Contro	, Florida	7
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

H15000182959 3
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Page 了 of 5

MGR = Manager AMBR - Authorized Member

Title	Name	Address	Type of Action
MGR	Ursula B. Paimer	6727 Washington Place	Add
		Bradenton, FL 34207	■ Remove
			□ Change
MGR	Lee D. Palmor	6727 Washington Place	
		Bradenton, FL 34207	Remove
	·		□ Change
			ZC 28
			PS DRomovo
			Of Change
			- 1
			□ Remove
		·	Change
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change

HO.103 #004

H15000182959 3 Page 4 of 4

·	<u> </u>
	,
	.22
	<u> </u>
	AS 28
•	m-<
re date. If other than the date of filling	
re date, if other than the date of filing: wive date is listed, the date must be specific and cannot be prior to date of filing f the date inserted in this block does not meet the applicable statutory or's effective date on the Department of State's records.	y filing requirements, this date will not be list
ord specifies a delayed effective date, but not an effect 10th day after the record is filed.	we time, at 12:01 a.m. on the earlie
/ JULY 28 th . 2015.	
1 I DiPl	

Page 3 of 3

Filing Fee: \$25.00