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SEP 14 PH 449
SEP 14 PH 449

SEP 15 2015 S. YOUNG

TO: Registration Section Division of Corporations
SUBJECT: FIVE Stean Electric 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:
Erik Beberaggi Name of Person
Five Sten Electric
22728 CLARAL BROOK (ANERS ST
Boca Rator FC 33433 City/State and Zip Code
Boca Rator FL 33433 City/State and Zip Code Be be 1 agen a Septence of Mull Combine to Septence of Mull Combine to Septence of Septence
For further information concerning this matter, please call:
Erik Beberaggi at (501) 2998553 Name of Person 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}\$\Bigcup \text{\$\$\$S5.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$\$\$\$\$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

Five Star	quetnic .
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Emily)
(Principal office address MUST BE A STREET ADD	RESS) HOLD HE
Enter new mailing address, if applicable:	
•••	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
ı	Tittet 1.101 ma 211601 aan 622
	, 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 <u>Title</u> Name Address **Type of Action** Carmen From MGR _□ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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. Effective dat	e, if other the	an the date of	f filing:			 (opt	ional)	ام الآيا	- 22	١

Page 3 of 3

Filing Fee: \$25.00