## L15000 140343

, (Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

	Registration Sec Division of Corp			
		etric Contracting, LLC		
SUBJEC	CT:	. Name of Lim	ited Liability Company	•
The enclo	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		Catherine Quarantello		
			Name of Person	
Newport Electric Contracting, LLC				
			Firm/Company	<del> </del>
	3116 Karen Dr			
			Address	· · · · · · · · · · · · · · · · · · ·
		Delray Beach, FL 33483		
			City/State and Zip Code	<del></del>
	•	catherinequarantello@gmai		
		E-mail address: (	to be used for future annual report notific	cation)
For furth	er information co	ncerning this matter, please c	all:	
Catherin	e Quarantello		508 269-5726 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Newport Electric Contracting, LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	AG A I
The Articles of Organization for this Limited Lia Florida document number L15000140343	·	2 and assigned 2 and assigned 2 and assigned 2 and assigned 2 and assigned
This amendment is submitted to amend the follow	wing:	<i>Α</i> α
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the work  Enter new principal offices address, if applical  (Principal office address MUST BE A STREET)	ble:	ir the abbreviation "L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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>	<u>Name</u>	Address	Type of Action
AMBR	William Quarantello	3116 Karen Dr, Delray Beach, FL :	B Add
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			Change
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Filing Fee: \$25.00