

L15000143207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

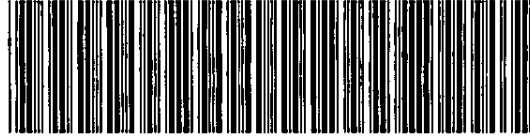
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12/22/15--01025--006 **43.75

01/19/16--01041--029 **11.25

FILED
2016 JAN 14 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2015

ELECTRICAL SYSTEMS OF TEQUESTA, LLC
GREG JETT
11718 SE FEDERAL HWY, STE. 361
HOBE SOUND, FL 33455

SUBJECT: ELECTRICAL SYSTEMS OF TEQUESTA, LLC
Ref. Number: L15000143207

We have received your document for ELECTRICAL SYSTEMS OF TEQUESTA, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please note the difference in fees.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A. Saly
Regulatory Specialist II

Letter Number: 815A00027120

RECEIVED
2016 JAN 14 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELECTRICAL SYSTEMS OF TEQUESTA, LLC
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:

GREG JETT
Name of Person

ELECTRICAL SYSTEMS OF TEQUESTA, LLC
Firm/Company

11718 SE FEDERAL HWY, SUITE 361
Address

HOBE SOUND, FL 33455
City/State and Zip Code

GJETT@TCOUTDOORLIGHTS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG JETT
Name of Person

at (772)
Area Code

546-1313
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

ELECTRICAL SYSTEMS OF TROUSTA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2016 JAN 14 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on SEPT. 11, 2015 and assigned
Florida document number L15000143207.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CODY STOCKSTILL	2012 SE HANFORD RD	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2016 JUN 14 PM 3:15
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2018 JAN 14 PM 3:19
CLINE HALL, DE S. HILL
TILLAMASSEE, FL ORION

FILED
2018 JAN 14 PM 3:15
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 12/18/15 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1-9-2016, _____

GREG JETT

Page 3 of 3

Filing Fee: \$25.00