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COVER LETTER

Division of Cor			
SUBJECT: Elec3phase	Electrical Contractors LLC		
SOBJECT.	Name of Limited Liability Company		
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:		
riease return an correspo	ndence concerning this matter to the following.		
	Jacqueline Sandoval		
	Name of Person		
	Services Unlimited		
	Firm/Company		
	22095 US Hwy 19		
	Address		
	Clearwater, Fl 33765	,	
	City/State and Zip Co servicesunlimited2011@gmail.com		201 5
	E-mail address: (to be used for future ann	ual report notification)	= 77
For further information c	oncerning this matter, please call:	And the second of the second o	As American Schooling
Jacqueline Sandoval	727 at ()	645-2856	المالية
Name o	f Person Area Code	Daytime Telephone Number	<u>-</u>
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fe Certified Copy (additional copy is	Certificate of	f Status &

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

ELEC3PHASE ELECTRICAL CONTRACTORS LL		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	anv as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 09/30/2015	and assigned
Florida document number L15000166229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22093 US HWY 19	
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER, FL 33765	
		50 19
Enter new mailing address, if applicable:	22093 US HWY 19	
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER, FL 33765	(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
		The state of the s
B. If amending the registered agent and/or registered o		ds enter the name of the ne
registered agent and/or the new registered office address her	<u>·e</u> :	» ω
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, F	Florida 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
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		07/01/20	16				
Effective date, if other If an effective date is listed, it	the date must be specific	iling: c and cannot be pr	rior to date of filin	g or more than 90 o	_ (optional) lays after filing.)	Pursuan	t to 605.020
Note: If the date inserted document's effective date	ed in this block does rate on the Department	not meet the app of State's recor	dicable statutory	filing requirem	ents, this date v	will not	be listed a
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he record specifies a	a delayed effectiv	ve date, but	not an effect	ive time, at 1	2:01 a.m. d	on the	earlier o
The 90th day afte	r the record is til	ea.					
Dated July 14	,	2016	_				
		_/ 					

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Typed or printed name of signee

Filing Fee: \$25.00