

L15000166229

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 AUG 15 P 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 16 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELEC3PHASE ELECTRICAL CONTRACTORS 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:

Jackie Sandoval

Name of Person

Services Unlimited

Firm/Company

22095 US HWy 19

Address

Clearwater, FL 33765

City/State and Zip Code

servicesunlimited2011@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Sandoval

727

6452856

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2016 AUG 15 P 3 30 PM
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELEC3PHASE ELECTRICAL CONTRACTORS LLC

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

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 liability company here:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

22093 US Hwy 1a
Enter Florida street address

Clear

City

Florida

33765
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>
MGRM	SAMUEL SANDOVAL	22093 US HWY 19	<input type="checkbox"/> Add
		CLEARWATER, FL 33765	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	JACQUELINE SANDOVAL	22093 US HWY 19	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 AUG 15 3:04 PM
FILED
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT


2016 AUG 15 P 3:00
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED
2016 AUG 15 P 3:04
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member

Signature of a member or authorized representative of a member

SAMUEL SANDOVAL

Typed or printed name of signee