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Amend

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COVER LETTER

TO:	Registration Se Division of Cor			,
SUBJE		ASE ELECTRICAL CONTRA	CTORS LLC	
SUBJE.	C1	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please r	etum all correspo	ondence concerning this matter	to the following:	
		JACQUELINE ACEVED)	
		JASASTSA BUSINESS S	Name of Person ERVICES LLC	
		22095 US HWY 19	Firm/Company	
		CLEARWATER, FL 3376	Address	
		City/State and Zip Code AUCLEARWATER@GMAIL.COM E-mail address: (to be used for future annual report notification)		
For furt	her information c	concerning this matter, please c	-	iotification)
JACQU	JELINE ACEVE	DO	727 645-2856	ı
	Name o	of Person	at () Area Code Day	rtime Telephone Number
Enclose	d is a check for the	he 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)
	MAIL	ING ADDRESS:	STREET/COU	JRIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 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 $\frac{09/30/2015}{1}$ 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." 2080 Calumet St suite B Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) same as above 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: Enter Florida street address

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

, Florida

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

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Change
			Remove
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			Change
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L'éfenties du	09/13/2019 te, if other than the date of filing:(optional)
(If an effective danse) Note: If the c	te, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier day after the record is filed.
Datud 09/13	2013
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00