

L15000 171853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

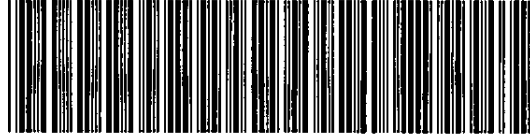
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 16 2015
J. HARRIS



910 Foulk Road, Suite 201, Wilmington DE 19803
Phone: 302-652-4800 • Fax: 302-652-6760
www.corpco.com • info@corpco.com

October 14, 2015

VIA FEDEX

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: GIORDANO ELECTRICS SERVICES LLC – L15000171853

Dear Sir or Madam:

Please find enclosed the following for the above referenced entity:

- Articles of Amendment to Articles of Organization
- Check in the amount of \$30.00 to cover the filing fees

Please file the Articles of Amendment at your earliest convenience and return any evidence of filing to our office via regular mail.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a good day

Sincerely,

Gabriela Fajardo

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIORDANO ELECTRICS SERVICES 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:

Gabriela Fajardo

Name of Person

CorpCo

Firm/Company

910 Foulk Rd. Suite 201

Address

Wilmington, DE 19803

City/State and Zip Code

info@corpco.com

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

For further information concerning this matter, please call:

Gabriela Fajardo

302 652-4800
at ()

Name of Person

Area Code

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

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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DEPARTMENT OF STATE

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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 October 13, 2015

Typed or printed name of signee

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STATE DEPT OF TRANS
TALLAHASSEE FLORIDA