

L15000176858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

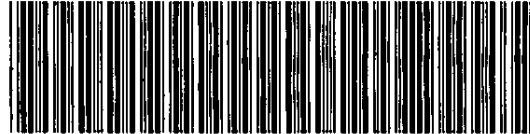
(Document Number)

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200285885542

Amend

05/20/16--01028--011 \*\*30.00

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16 JUN -7 AM 9:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN -8 2016

N. CAUSSEAU

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elecron 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:

SAL J CANNATELLA

\_\_\_\_\_  
Name of Person

Elecron LLC

\_\_\_\_\_  
Firm/Company

8800 49th st N STE 111

\_\_\_\_\_  
Address

Pinellas / FL/ 33782

\_\_\_\_\_  
City/State and Zip Code

Elecron.llc@gmail.com

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

For further information concerning this matter, please call:

SAL J CANNATEALL

727 742-9374  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2016

SAL J. CANNATELLA  
ELEKRON LLC  
8800 49TH N., SUITE 111  
PINELLAS, FL 33782

SUBJECT: ELEKRON, LLC  
Ref. Number: L15000176858

We have received your document for ELEKRON, LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

Page 3 of the form was not included. You need to complete page 3 of the amendment form and send to my attention.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 916A00011108

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

Elektron 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 May 9 th 2016 and assigned  
Florida document number L15000176858

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)**

SAI J CANNAATELA

8800 49TH ST N

PINELLAS PARK FL 33782

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8800 49ST N SUITE 111

PINELLAS PARK FL 33782

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TALLAHASSEE FLORIDA

**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:

MICHAEL CURRIER

New Registered Office Address:

8800 49 ST N SUTIE 111

*Enter Florida street address*

PINELLAS PARK

*City*

, Florida 33782

*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.*

*Michael S. Currier*

**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>
VP	KYLE FOSTER	3608 14 AVE SE	<input type="checkbox"/> Add
		IARGO FL 33721	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRESIDE	SHERMAN MILLER	7420 37 TH AVE N	<input type="checkbox"/> Add
		ST PETEBURG , FL 33710	<input type="checkbox"/> Remove
		VICE PRESIDENT	<input checked="" type="checkbox"/> Change
PRESIDE	SAL J CANNATELLA	PRESIDENT	<input checked="" type="checkbox"/> Add
		8887 CHRISTIE DR	<input type="checkbox"/> Remove
		LARGO 33771	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
JUN 7 9:42  
Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

16 JUN -7 AM 9:42  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

7500

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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.

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.

**Dated**

6/7/14

Signature of a member or authorized representative of a member

SAL CANNATELO

Typed or printed name of signee