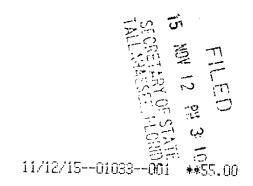
## 4500183434

Office Use Only



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## **COVER LETTER**

Division of	Corporations			
Joe Bro	wn Electric			
SUBJECT:	Name of Lim	Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	Joseph F Brown		4 2 44	
		Name of Person	FILED PR 3-16	
		Firm/Company	一 5	
	25318 Cayce court		TOP ST	
		Address	9時6	
	Punta Gorda, Florida 3398	3	7.* 	
	joepegbrown@comcast.net	City/State and Zip Code		
For further information	E-mail address: (on concerning this matter, please c	to be used for future annual report notifi	cation)	
Joseph F Brown	on concerning and manor, prease o	941 628-2141 at ( )		
Nar	ne of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	or the following amount:		,	
□ \$25.00 Filing Fee	e □ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joe Brown Electric ,LLC		
(Name of the Limited	d Liability Company as it now appears on our records A Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Lia Florida document number L15000183434	bility Company were filed on 10,28,2015	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	-10 <b>-4</b>
Custom Currents Electric , LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC	" or the abbreviation #L.L.C.
Enter new principal offices address, if applica	ble:	一一
(Principal office address MUST BE A STREET	(ADDRESS)	1 2 2
	<u> </u>	54 W
		寛命 る
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	. Fla	orida
	City	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>	Name	Address	Type of Action
			□ Add
			□ Remove
		<u> </u>	□ Change
			□ Remove
			TS 5
			Add III
			Remove
			Add III
			Add
			□ Remove
		<del></del>	□ Change
			Add
			Remove
			□ Change
<del> </del>			□ Add
			☐ Remove
			□ Change

amending any other information, enter change(s) here: (Attach addit	···· ···· ··· ··· · · · · · · · · · ·
	7. SE
	7) 2 = 1 = 1
	IV =
	<u> </u>
	\$ 5 d
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 602 ing requirements, this date will not be list
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earli
ated 11-10-2015	
Signature of azarendoe or authorized representati	ve of a member
\)	

Page 3 of 3

Filing Fee: \$25.00