LI5000 187303

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COVER LETTER

ro:	Registration Sec Division of Corp			
	ASC ELEC	TRIC, LLC		
SUBJE	UI:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Anthony S Colabianchi		
		<u></u>	Name of Person	
		ASC ELECTRIC, LLC		
			Firm/Company	
		314 W. Sunset Ave		
			Address	
		Pensacola, Fl 32507		
		ascelectric@icloud.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	alf:	
Anthon	y S Colabianchi		850 516-3640 at ()	
	Name of	f Person	Arca Code Daytime	Telephone Number
Enclose	d is a check for th	e 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)

TO:

MAHJING 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

FILES

ASC ELECTRIC, LLC

(Name of the Limited Liability Company as it now appears on our regoids.) [2] A 55 24 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 11/04/2	015 TALLAHASSEE. and assigned
Florida document number L1500187303		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "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:		- t- t-
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here		records, enter the name of the new
Name of New Registered Agent:		
Nov. Douistand Office Address.		
New Registered Office Address:	Enter Florida si	reet address
		Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my o rovided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Betty J Colabianchi	314 W Sunset Ave., Pensacola, FL 32507	Add
			Remove
		 	Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			
			□ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
	 	□ Remove	
		Change	
	· · · · · · · · · · · · · · · · · · ·	□ Add	
		 	Remove
			☐ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an e	tive date, if other than the date of filing: Feb. 15, 2019 (optional) ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 Feb 15, 2019.
	Signature of a member or authorized representative of a member Anthony S. Colabiane W Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00