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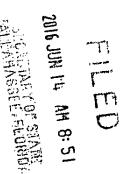
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K.SALY EXAMINER JUN 17

COVER LETTER

Divisi	ion of Corpo	rations			
SUBJECT:	E.T. Electr	ic, LLC			
_		Name of Limit	ed Liability Company		
The enclosed /	Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return a	ll correspond	ence concerning this matter t	o the following:		
		Stanley Czarnecki			
			Name of Person		
			Firm/Company		
		6125 Woodbury Rd			
			Address		
		Boca Raton, FL 33433			
			City/State and Zip Code		
		Cyberczar@bellsouth.net			
		h-mail address: (to	be used for future annual	report notification)	
For further info	ormation con	cerning this matter, please ca	II:		
Stanley Czamo	ecki		561 at ()	392-8498	
Name of Person Area Code Daytime Telephone Numb			e Number		
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	closed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

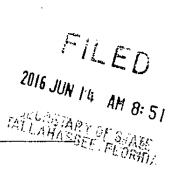
Registration Section

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



E.T. Electric, 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 Cor	npany were filed on _	05/09/2016	and assigned
Florida document numberL16000090268			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
		···.	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Florida street address	
	, Florida		
	Ciţy		da Zıp Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance in nt as provided for ir	of my duties, and 1 1 Chapter 605, F.S	am familiar with and S. Or, if this document is
	If Changing Registered	Agent, Signature of N	lew 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>	Address	Type of Action			
AP St	Stanley Czarnecki	6125 Woodbury Rd.	Add			
		Boca Raton, FL 33433	■ Remove			
			☐ Change			
	**************************************		Add			
			□ Remove			
			Change			
	- 		Add Remove			
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ffective date, if other than	the date of fili	ing:			(optional)		
an effective date is listed, the date lote: If the date inserted in thi	must be specific a	and cannot be pri	or to date of illing	g or more than 90 day	rs after filing.) I ts. this date w	Pursuant to ill not be	605.020 listed a:
ocument's effective date on th	e Department of	f State's record	s.	,,,,,,g,,,,q,,,,,,,,,,,			
e record specifies a dela	yed effective	date, but n	ot an effecti	ve time, at 12:	01 a.m. or	the ea	rlier o
The 90th day after the	record is filed	d.					
		2016	·				
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Page 3 of 3

Filing Fee: \$25.00