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J. HARRIS



## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: CITY	ONE ELE Name of Lim	CTRIC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Kevi	n M. Walker Name of Person	
	CITY	ONE ELECTRIC Firm/Company	LLC
	1089 S. Higwa	55ce Rd # 322 Or Address	lando, FCa. 32835
	Orlando	FCa. 32835 City/State and Zip Code	
	CITYONE E-mail address: (	EIECTIZIC (A) 9 MG (to be used for future annual report notifi	cation)
For further information cor	cerning this matter, please ca	all:	
KCVIN Name of I	Walk <b>o</b> r Person	at ( <u>407</u> ) <u>209</u> - Area Code Daytime	5330 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

City One E	Electric LLC	
(Name of the Limited	Liability Company as it now appears on our a Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number <u>L/6000/0294</u>		26, 2016 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	FD Z
		SSI PH
Enter new mailing address, if applicable:		07 5
(Mailing address MAY BE A POST OFFICE B	<u></u>	5m N
B. If amending the registered agent and/or registered agent and/or the new registered officers.		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	distance in the second	, Florida
	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>	<u>Name</u>	Address	Type of Action
AP	Maruerlyn Tucker		□ Add
		1089 5, Higwassee Rd #322	Orlando FLA: 32835 Remove
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