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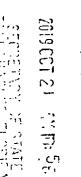
(Re	questor's Name)	
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COVER LEŢTER

Division of Corporations CITY ONE ELECTRIC LLC SUBJECT: 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: KEVIN WALKER Name of Person CITY ONE ELECTRIC ELC Firm/Company 712 MASALA #D Address ORLANDO, FL. 32818 City/State and Zip Code cityoneelectric@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEVIN WALKER Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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 ELECTRIC LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited Florida document number £16000102990	Liability Compar	ny were filed on OCT. I	6, 2019 and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited lia	ability company here:	
	N/A		
The new name must be distinguishable and contain the	words "Limited Lia	hility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	70.19 CD
(Mailing address MAY BE A POST OFFICE BOX)			
			322 -
B. If amending the registered agent and registered agent and/or the new registered	•		records, enter the name of the n
Name of New Registered Agent:	N/A		
New Registered Office Address:	712 MASAL	A DR. #D	
		Enter Florida si	rect address
	ORLANDO		, Florida ³²⁸¹⁸
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAVARIS JACOB	4511 EDGEMOOR ST, ORLANDO, FL. 32811	■ Add
			Remove
			Change
	-		☐ Remove
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blueument's effective date on the D	ock does not meet the applicable	date of filing or more than 90 cie statutory filing requireme	_ (optional) lays after filing.) Pursuant to 60: ents, this date will not be list	5.0207 (3)(b) ted as the
record specifies a delayed The 90th day after the rec		an effective time, at 1	2:01 a.m. on the earli	ier of:
OCT, 16	2019			
	Keum u Signature of a member or authoriz	/ all	r	
	Kevin Wal			

Page 3 of 3

Filing Fee: \$25.00