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### **COVER LETTER**

Division of Corporations
SUBJECT: ACE/PCTriC Of CFL, LLC  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:
Angel L. Cardona Name of Person
ACElectric Of CFL, LLC
301 Glades dale St
Haines City FL, 33844
GCE/ECTICOFCFL @ GMG. 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angel L. Cardong at (863) 210-3880  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

#### MAILING ADDRESS:

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION **OF**

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ARTICLES OF O		2017
O	F	1100125
A C E/ectric OF CF  (Name of the Limited Liability Compar  (A Florida Limited L	L, LLC  ny as it now appears on our record iability Company)	20/100725 AM/1:39
The Articles of Organization for this Limited Liability Company	were filed on 06/17//	6 and assigned
Torida document number <u>  16000117807</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	عند بعضر ۱۹۰۰ المعتاد	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol><li>If amending the registered agent and/or registered off egistered agent and/or the new registered office address here</li></ol>		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		4=
	Enter Florida street addres.	S.

#### 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.

City

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 MGR Eduardo Cardona Kiss, FL 34746 MAdd **Type of Action** □ Remove ☐ Change AMBR Maribel Pina FALL River, MA 02724 DAG □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

Flective date, if other than the date of filing: \( \sum_{2} \in \sum_{1} \) \( \text{(optional)} \) an effective 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 acts: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  The 90th day after the record is filed.  2017  August Landows  Signature of a member or authorized representative of a member  Angel L. Cardon A  Typed or printed name of signee:								2015	<i>:</i>	<u> </u>
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Filing Fee: \$25.00