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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Limi	ECTRIC , LL tted Liability Company	- C
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	AD	RIEL CONLEY Name of Person	
	COWLEY	Firm/Company	· C
	Po	30× 9347	
		Address	
	CORAL SI	City/State and Zip Code	3075
	COWLE	TELECTRICO GMAIL	L. Com
D. C. de la la Companya de la comp			cation)
For further information cor	ncerning this matter, please ca	311;	
ADEL EL Name of I	COWLEY	at (954) 661 Area Code Daytime	OSI Telephone Number
Enclosed is a check for the			
\$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, F1, 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

ARTICLES OF O	RGANIZATION	
0	F 2015	PKIS: 11
	c 730 (10)	
COWLEY ELEC	TRIC LLC ny as it now appears on our records.) Lability Company)	PK12:
(Name of the Limited Liability Compar	ny as it now appears on our records.	- 17 // - 3
(A Florida Elitined E	manifely Company)	า การกรร
The Articles of Organization for this Limited Liability Company	were filed on $\frac{07/12/2016}{}$ and	l assigned
Florida document number <u>L 16000 130 988</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	
	7	
	/	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		me of the ne
registered agent and/or the new registered office address here	z.	
	/	
Name of New Registered Agent:		
New Registered Office Address:	\mathcal{N}/A	
New Registered Office Address.	Enter Florida street address	
	/ , Florida	
	City Zip C	ode
	•	

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>	<u>Address</u>	Type of Action
AMBR	TANYA CZIPULIS	Po Box 9347	Add
		CORAL SPRINGS FL 330	Remove
	,		Change
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ffective date, if other than the date of filing an effective date is listed, the date must be specific as	ng:	e or more than 90 day	optional) s after filing.) Pursuant to 6	505.0207 (
lote: If the date inserted in this block does not	meet the applicable statutory	filing requirement	s, this date will not be l	isted as t
ocument's effective date on the Department of	state's records.			
e record specifies a delayed effective	date, but not an effect	ive time, at 12:	01 a.m. on the ea	rlier of:
The 90th day after the record is filed	l.			
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	a member or authorized represer			

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Filing Fee: \$25.00