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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 14 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rite Now Electrical, 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:

Sean P. Cox, Esq., CPCU

\_\_\_\_\_  
Name of Person

Cox Law PLLC

\_\_\_\_\_  
Firm/Company

156 E. Bloomingdale Ave.

\_\_\_\_\_  
Address

Brandon, FL 33511-8179

\_\_\_\_\_  
City/State and Zip Code

sean@coxlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean P. Cox

813 685-8600  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**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>	<u>Type of Action</u>
AP	Sean Cox	156 E. Bloomingdale Ave.	<input type="checkbox"/> Add
		Brandon, FL 33511-8179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ian M. Craver	156 E. Bloomingdale Ave.	<input checked="" type="checkbox"/> Add
		Brandon, FL 33511-8179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rachel P. Craver	156 E. Bloomingdale Ave.	<input checked="" type="checkbox"/> Add
		Brandon, FL 33511-8179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** 9-26-2016 (optional)

(If 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 12, 2016

J. M. C.

Signature of a member or authorized representative of a member

Ian M. Craver

Typed or printed name of signee