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COVER LETTER

O: Registration of Division of	on Section f Corporations			
	er Electrical Service LLC	•		
UBJECT:	Name of Lir	nited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concerning this matter	r to the following:		
	Jason Martin			
		Name of Person		
	Panther Electrical Service	: LLC		
		Firm/Company		
	6821 Goldflower Ave			
		Address		
	Harmony, FL 34773			
		City/State and Zip Code	<u>.</u>	
	itsjason21@aol.com			
For further informat	E-mail address:	(to be used for future annual report not call:	ification)	
Jason Martin		407 731-3368		
Ñ	ame of Person		ne Telephone Number	
Enclosed is a check	for the following amount:			
≡ \$25.00 Filing F	ee \$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)	
<u>Mailing A</u>	1dress:	Street Address:		
Registrat	ion Section	Registration Se	Registration Section	
Division P.O. Box	of Corporations	Division of Co		
	see, FL 32314	The Centre of 2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 Life Electric LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recor ited Liability Company)	<u>'ds,</u>)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 02/23/2017	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		10 AH 2
		2
inter new mailing address, if applicable:		P
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		. 3
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	ñce address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street addre	ess
		Torida
	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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

<u>litle</u>	<u>Name</u>	Address	Type of Action
AMBR	Jason Martin	6821 Goldflower Ave, Harmony FL 34773	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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fan ef Note:	(optional) lective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
record is fi	rd 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 led.
) ated	01/11/2021
, are u	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Jason Wartin Typed or printed name of signee

Filing Fee: \$25.00