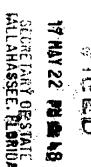
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COVER LETTER

Division of Corporations FELIPEZ ELECTRICIAN 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: ARMANDO FELIPEZ FLORES Name of Person FELIPEZ ELECTRICIAN LLC Firm/Company 1990 W 56 ST APT 1309 Address HIALEAH, FLORIDA, 33012 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARMANDO FELIPEZ FLORES Daytime Telephoné Number 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 Fce, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)		····	
ne Articles of Organization for this Limited Liability Company orida document number <u>L17000103455</u> .	were filed on MAY 9, 2017		and ass	signed
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liabi	lity company here:			
ELIPEZ ELECTRIC LLC				
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbrevi	iation "L	.L.C."
nter new principal offices address, if applicable:				
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nter new mailing address, if applicable: <u>failing address MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered of	fice address on our records,	JECRETAMY OF THE A	22	
nter new mailing address, if applicable:	fice address on our records,	TALLAHASSEE. FLERID,	22	
nter new mailing address, if applicable: <u>failing address MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered of	fice address on our records,	202	i ne	
nter new mailing address, if applicable: Sailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	fice address on our records,	202	i ne	

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

Zip Code

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

	· .	
MCD =	Manager	
MOIL -	Manager	
AMBR =	= Authorized Member	

Title	Name	Address	Type of Action
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record specifies a delayed effective date on the Department record specifies a delayed effect The 90th day after the record is set of MAY 16	ent of State's records ctive date, but no filed.	ot an effective ti	ime, at 12:01 a			

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Filing Fee: \$25.00