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(I	Requestor's Name)	
(i	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER JUN 2 9 2018

COVER LETTER

TO: Registration Secti Division of Corpo	on rations		
INTERCOAS	TAL ELECTRICAL SERVICE	ES, LLC	
SUBJECT:		d Liability Company	
	mendment and fee(s) are subm		
Please return all correspond	dence concerning this matter to	the following:	
	Paul Washington		
		Name of Person	
	Malka& Kravitz, P.A.		
		Finn Company	
	1300 Sawgrass Corporate Pa	arkway, Suite 100	
		Address	
	Sunrise, Florida 33323		
		City/State and Zip Code	
	paul@mkpalaw.com	o be used for future annual report notif	euion)
_			
For further information co	oncerning this matter, please ca	321 684-8412	
Josh Bessette		/ 1	Telephone Number
Name of	Person	Area Code	
Enclosed is a check for th	ne following amount:		- co of Filter For
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURT	ER ADDRESS:
Registr	ration Section on of Corporations	Registration Section Division of Corporation	rations

Division of Corpo P.O. Box 6327 Tallahassec, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERCOASTAL ELECTRICAL SERVICE	ES, LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)	_	
The Articles of Organization for this Limited Liability C	Company were filed on June 2, 2017	and	d assigne	d
Florida document number L17000121425	'			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	'LLC" or the abbreviatio	n "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			<u> </u>
			<u></u>	<u> </u>
			28	모모= 노동제
Enter new mailing address, if applicable:			<u> </u>	- 3 -20
(Mailing address MAY BE A POST OFFICE BOX)	 		_ _	<u> </u>
				. دادهٔ مورد مورد
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our rec ress here:	ords, <u>enter the na</u>	me of th	ne new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str e et as	dduaee		
	Enter r tortua str ee t tie			
<u></u>	City	, Florida	ode	
	Cny	s.q. c	_	

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>	Address	Type of Action
MGR	Steven Bray	96 Willard Street	
		Cocoa, FL 32922	■ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
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ote: If the date i	other than the date listed, the date must be sp inserted in this block d ive date on the Departs	oes not meet the	applicable statut	ory filing requiren	(optional) days after filing.) Purs nents, this date will r	uant to 605.02 tot be listed
The 90th day	ifies a delayed effer after the record i	s filed.		ective time, at	12:01 a.m. on tl	ne earlier
ned June	20 Signa	20	<u> </u>			
	X 0 1.	age				
				sentative of a memb		

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Filing Fee: \$25.00