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I. HARRIE

COVER LETTER

Division of Corporations		
GRAY VAN ELECTRIC SERVICE AND REPAI	IR. LLC	
SUBJECT: Name of Limited Liab	ility Company	
The enclosed Articles of Amendment and fee(s) are submitted for	for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Terrell Le	e Claric	
#3037		
4495 491	Firm/Company A A	
St Pote,	Address 33709	
terrell·lee·c	State and Zip Code (and a graph of the Company of	
For further information concerning this matter, please call:		
Terrell CLAPIC Name of Person	at (177) 474 8888 Area Code Daytime Telephone Number	
E pelosed-isay che ck for the following amount:		
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$\$ Certificate of Status	55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAY VAN ELECTRIC SERVICE AND REPAIR, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/01/2017 The Articles of Organization for this Limited Liability Company were filed on and assigned 1.17000142090 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: <u> Principal office address MUST BE A STREET ADDRESS)</u> Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: . Enter Florida street address

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address** Name. <u>l'itle</u> TERRELL L CLARK 4495 49TH ST N ĄΡ ST PETERSBÜRG, FL 33709 Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove □ Change □ Add Remove Change _____Add_ _Db∧ ⊡__ Ϋ́ ය _ඕ Remove ☐ Change □ Add ☐ Remove _□ Change

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Filing Fee: \$25.00