117000142090

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600302704456

08/18/17--01003--014 **30.00

TILED

17 AUG 18 PH 3: 09

DIVISION OF CONFORMATIONS

O SIMMONS AUG 21 2017

COVER LETTER

TO:	Registration So Division of Cor			
en o n	Gray Van i	Electric Service and Repair, LL	.C	
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Andrea Bender Arch		
			Name of Person	
		DAS Logic Services, LLC	•	
			Firm/Company	
		4391 31st Avenue North		
			Address	
		Saint Petersburg, F1, 3371	13	
			City/State and Zip Code	
		dassolutions 13@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Andrea	Bender Arch		727 290-6820	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fee	■ \$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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gray Van Electric Service and Repair ELC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000142090	Company were filed on June 30, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		문그
(Principal office address MUST BE A STREET ADD	ORESS)	17 T
		F H 3: 0
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		99
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ad	istered office address on our records, <u>er</u> dress here:	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Terrell I. Clark	4495 49th Street North	Add
		Saint Petersburg, FL 33709	■ Remove
			Change
			□ Add
			□ Remove
			ON COMMINGE T
			DIVISION OF CORE PROPER OSCIONAL CORE CONTROL CORE CORE CORE CORE CORE CORE CORE CORE
			□ Remove
			Change
·			
			□ Remove
			Change
			☐ Remove
			□ Change

			-
			
		-	
-			<u></u>
			AUG
			17 AUG 18 PH 3: 09
			PH.
			3: 0
	/-		
	<u> </u>		
ective date, if other than the effective date is listed, the date in this.	ust be specific and cannot be prior to block does not meet the applica	o date of filing or more than 90 days	optional) s after filing.) Pursuant to 605,020
ument's effective date on the	Department of State's records.	one statutory ming requirement	s, this date will not be fisted as
record specifies a delaye he 90th day after the re	ed effective date, but not cord is filed.	an effective time, at 12:	01 a.m. on the earlier o
ed	2017		
\bigcap_{Ω}	Mina 2 Sul		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00