117000223782

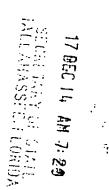
		! I
(Re	questors N	varne)
		11
		<u>l</u> :
(Ad	dress)	1'
		1.
		[
(Ad	dress)	
		Ji
		<u></u>
(Cit	ty/State/Zip	(Phone #)
		,
		ı
PICK-UP	□ w	MAIL MAIL
	_ L)	li. —
		1
(Bu	siness Ent	ity Name)
	ĺ	•
		1
<u> </u>		<u> </u>
(Do	cument Nu	imper)
		i
	_ []	
Certified Copies	_ Cerți	ificates of Status
] [
		<u> </u>
Special Instructions to	Filing Offic	l Per:
Shecial ilizuriciioliz fo	i iling Onic	E1.
	[
	l,	
	- 11	
	[}	
	<u>l</u> i	
	ſΙ	
	1	
	1	
- <u>-</u> ,		

Office Use Only



400306652404

12/14/17--01018--024 **25.00



COVER LETTER

TO: Registration S Division of Co		·	
	ng Elect Seni	VCE and Repair Sited Liability Company	5 LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kevin	PAU/Kno/	
		Name of Person	
		Firm/Company	
	13/39 561	29th ST	
	13/39 5W	Address	
	Mijamar)	1, 33027	
	Kinges E-mail outress; (City/State and Zip Code (1709moil, Com to be used for future annual report noti	fication)
For further information	concerning this matter, please co		,
Kevin G Name	AUKnor of Person	at (<u>954</u>) <u>445</u> – Area Code Daytim	6911 te Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 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

Serve and Kegairs LLC
Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _10/30/17 and assigned Florida document number L17000223782 This amendment is submitted to amend the following: King Elect Serivce and Repairs LLC A. If amending name, enter the new name of the limited liability company here: King Electrical Service & Repairs L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 amendi or remove	ng Authorized Persor ed from our records:	(s) authorized to	o manag	ge, <u>enter the title, name, an</u>	d address of each ;	person being added
MGR = AMBR =	Manager Authorized Member					
<u>Title</u>	<u>Name</u>	,	4	Address		Type of Action
		1				□ Remove
		 	-			Change
			-			□ Add
		1	-			Remove
			-			Change
			-			□ Add
			-		·····	□ Remove
			-			Change
			-			_□ Add
				<u> </u>		_ □ Remove
		 - 	-			Change
			-			_□ Add
			-			_□ Remove
		ļ	-			Change
	-		-			_□ Add
						_ Remove
						[] Chango

	rmation, enter cl	hange(s) here:	: (Attach addi	tional sheets,	if necessary.)	
	1					_
		,				
				<u> </u>		
	11					
	ľ.					
			· · · · · · · · · · · · · · · · · · ·			
	1	·				
	11			****		
· · · · · · · · · · · · · · · · · · ·	li li					
	<u> </u>					
					-24	
•					<u>≥</u> <u>;</u>	k
	1				<u></u>	
					<u> </u>	
	},				SS	-
	<u></u>	·			· · · · · · · · · · · · · · · · · · ·	- TE
	12					7
					22	3
ve date, if other than	 the date of filing	2:			(optional)	
ective date is listed, the date If the date inserted in the ent's effective date on the cord specifies a delay 90th day after the	his block does not not the Department of S	neet the application in the state's records. Iate, but not	ble statutory fil	ling requiremen	its, this date will	not be li
December		2017				
Vocember		. <u>~~//</u>	_ ·			
	Signature of a r	member or author	ized representati	ve of a member		
		A	Ita			
· · · · · · · · · · · · · · · · · · ·	Keur	7 6/14	UINTO			
<u> </u>	Kevir	Typed or printed	I name of signee	<u></u>	<u>-</u>	

Filing Fee: \$25.00