

L18000039108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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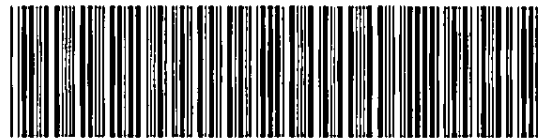
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JAX ELECTRIC LLC**

\_\_\_\_\_  
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:

Michael A Thurston

\_\_\_\_\_  
Name of Person

JAX ELECTRIC, LLC

\_\_\_\_\_  
Firm/Company

568 San Pablo Rd North

\_\_\_\_\_  
Address

Jacksonville, FL 32225

\_\_\_\_\_  
City/State and Zip Code

MTJaxElectric@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A Thurston

904

994-1954

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

JAX ELECTRIC, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEB 12, 2018 and assigned  
Florida document number L 18000039108

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

568 SAN PABLO RD NORTH  
JACKSONVILLE, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

568 SAN PABLO RD NORTH  
JACKSONVILLE, FL 32225

**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:

MICHAEL A. THURSTON

New Registered Office Address:

568 SAN PABLO RD NORTH

Enter Florida street address

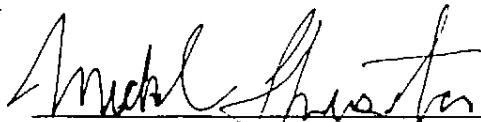
JACKSONVILLE, Florida 32225

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL A. THURSTON	569 SAN PABLO RD NORTH JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN B. GABRIEL	13109 CHERRY CREEK DRIVE NW JACKSONVILLE, FL 32224	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2

E. Effective date, if other than the date of filing: MAY 23, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JUNE 11, 2018



Signature of a member or authorized representative of a member


 MICHAEL THURSTON

Typed or printed name of signee

**RESIGNATION OF MANAGER  
FOR A LIMITED LIABILITY COMPANY**

**JAX ELECTRIC, LLC**

Pursuant to the provisions of section 605.0216, Florida Statutes, I, **JOHN B. GABRIEL**, hereby resign as manager of **JAX ELECTRIC, LLC**, a limited liability company organized under the laws of the State of Florida, document number **L18000039108**. The effective date of resignation is March 23, 2018. I affirm that the limited liability company has been notified in writing of the resignation.

  
**JOHN B. GABRIEL**

Date: May 23, 2018