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(5)	Name and November	
U)	ocument Number)	
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Special Instructions to	Filing Officer:	.

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp		
	LECTRIC LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ondence concerning this matter to the following:	
	PAULO C RODRIGUEZ	
	Name of Person	
	ALTAS ELECTRIC LLC	
	Firm/Company	
	5460 LYONS RD 307	
	Address	
	COCONUT CREEK, FL 33073	_
	City/State and Zip Code	
	pacerod7@gmail.com E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
PAULO C RODRIGUEZ	at ()	
Name of	of Person Area Code Daytime Telephone Number	,
Enclosed is a check for th	the following amount:	
■ \$25.00 Filing Fee	(additional copy is enclosed) Certified	ite of Status &

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

ALTAS ELECTRIC LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000101300</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		PRETARY OF STATE ON OF CORPORATIONS AN II: 05
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, <u>e</u> r <u>e</u> :	nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	
	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>	Address	Type of Action
AMBR	PAULO C RODRIGUEZ	5460 Lyons Rd 307 Coconut Crack, FL 330	= Add
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			Change
			Remove
			Change
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Filing Fee: \$25.00