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(((H180002171143)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178

: (214)317-4754 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	<u> </u>		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRESTO ELECTRICAL LLC

Certificate of Status	0
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" SALY JUL 3 1 2018

To: 18506176383 From: 12143052508 Dato: 07/27/18 Time: 3:10 PM Page: 02/04

(((H18000217114 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESTO ELECTRICAL LLC	
(Name of the Limited L.) (A U	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Lamited Laabili	
Florida document number L18000177027	
This amendment is submitted to amend the followin	g:
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 aboveviation "L.L.C"
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A)	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or a registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered ay provisions of all statutes relative to the proper a accept the obligations of my position as register.	gent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability
	II Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

To: 18506176383 From: 12143052508 Dato: 07/27/18 Time: 3:10 PM Page: 03/04

(((H180002171143)))

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	PAUL FORSTER	6114 GOODMAN RD	□ Add
		JACKSONVILLE, FL 32244	
			Change
			☐ Remove
			Change
			THE SOUTH
			Remove Re
			EYO CHASO
			ŞBAdd
		-	□ Remove
			O Change
			D Add
			D Remove
			U Change
			□ Remove
			O Change

To: 18506176383 From: 12143052508 Date: 07/27/18 Time: 3:10 PM Page: 04/04

(((H18000217114 3)))

6114 GOODMAN RD, JAO	CKSONVILLE, FL 32244 and leave Paul Forster with address 217 AFTON LANE,
JACKSONVILLE, FL 322	59 on record.
	7,0
	——————————————————————————————————————
	ing 3 c
	DE:
. <u>-</u>	
fective date, if other than the meffective date is listed, the date in this becament's effective date on the E	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 block does not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delaye The 90th day after the rec	ed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier ocord is filed.
July 25	2018
	Signature of a member or authorized representative of a member
	The state of the s

Page 3 of 3

Filing Fee: \$25.00