

218000198734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

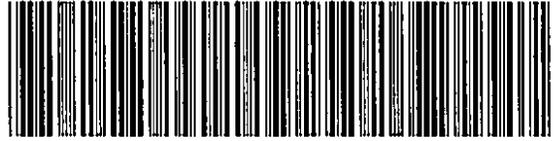
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300324621833

APPROVED
AND
FILED
2019 FEB 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FL 32317
02/27/19--0101

T.G.
03/04/19

COVER LETTER

TG: Registration Section
Division of Corporations

SUBJECT: COKER PRIME SERVICES & ELECTRICAL, 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:

Anna Mae Coker
Name of Person

COKER PRIME SERVICES & ELECTRICAL, LLC
Firm/Company

19946 NW 24TH Street
Address

High Spring FL 32643
City/State and Zip Code

C.primeservice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur L. Coker Jr. 386 984-8071
Name of Person Area Code Daytime Telephone Number

2019 FEB 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

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

Registration Section Division
of Corporations
PO Box 6327
Tallahassee FL, 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COKER PRIME SERVICES & ELECTRICAL, 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 Aug 20th 2018 and assigned Florida document number 83-1638281.

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 "L.L.C." 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)

APPROVED
AND
FILED
2019 FEB 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Anna Mae Coker
New Registered Office Address: 19946 NW 247th Street
Enter Florida street address
High Springs Florida 32643
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.

Anna Coker
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>
AMBR	Anna Mae Coker	19946 NW 24TH ST	<input checked="" type="checkbox"/> Add
		High Springs, FL 32643	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED
 AND
 FILED
 2019 FEB 27 PM 12:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

2019 FEB 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

E. Effective date, if other than the date of filing: _____ (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 Feb, 25th 2019

Arthur L. Coker Jr.

Signature of a member or authorized representative of a member

Arthur L. Coker Jr.

Typed or printed name of signee