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(Business Entity Name)
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2019 MAY 14 AM 11:51

APPROVED AND FILED

T GLASS MAY 1 4 2019

COVER LETTER

Division of Cor	porations		_	
SUBJECT:	Electrical C	Ontractors of Ca	Mama City, LLC	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	RAFA	Name of Person		
	M EC	Firm/Company		٠ <u>٠</u> .
	956	, GULEE Stre	27 2 三	
	Tallahass	City/State and Zip Code	04 11:5	2019 HAY 14 AH 11: 51 CORE 13
	//	O be used for future annual report notifi		
For further information co	oncerning this matter, please ca	ıll:		
Robert Name o	Fill f Person	at (<u>850</u>) <u>SO</u> Area Code Daytime	7–9900 e Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy	

TO:

Registration Section

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

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APPROVEU
<u>new</u>

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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:

3

MGR = Manager AMBR = Authorized Member **Address Type of Action** Title Name □ Add ☐ Remove ☐ Change _□ Remove ☐ Change Richie Thelmo FRIAS 1921 Brown ridge Da Xadd

Macietta, GA 30062 Remove MGR ☐ Change □ Change □ Add ☐ Remove

☐ Change

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Note: If	date, if other the ve date is listed, the he date inserted in 's effective date o	n this block does	not meet the ap	plicable statutory	g or more than 90 of filing requirement	_ (optional) lays after filing. ents, this date) Pursuant to 605.0 will not be listed	0207 (3) I as the
	d specifies a d Oth day after t			not an effect	ive time, at 1	2:01 a.m.	on the earlier	r of:
	MAY	14	_, <u>201</u>	9				
Dated								
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Page 3 of 3

Filing Fee: \$25.00