L19000036517

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

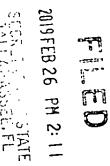
Office Use Only



700323226727

02/25/19 -01015 024 **25.00

R. WHITE



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Contractors Electrical Solutions, LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Leonardo Rodriquez Name of Person
	Contractors Electrical Solutions Firm/Company
	12063 SW 131 AVE Address
	Miami Ft 3319B City/State and Zip Code
	E-mail address: (to be used) for future annual report notification)
For fu	rther information concerning this matter, please call;
<u>Lei</u>	Name of Person at (305) 233 - 9382 Name of Person Area Code Daytime Telephone Number
Enclo:	sed is a check for the following amount:
≱ \$2	25.00 Filing Fee Square Status Square

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Contractors Flectrica	2019 FEB 26 PM 2: 12
(Name of the Limited Liability Company (A Florida Limited Lia	Solutions III y as it now appears on our records.) Ability Company) IALLAMASSEE, FL
The Articles of Organization for this Limited Liability Company w	vere filed on 2/5/2019 and assigned
Florida document number 119000 36517.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
NIA	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	NIA
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N A
	'
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
	NIA
New Registered Office Address:	Enter Florida street address
	, Florida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
AMBR	Leonardo Rodriquet, Sr.	12063 SW 131 AVE	p L∧dd	
J	·	Miami, Fl 33186	□ Remove	
			Change	
			□ Add	
			Remove	
			☐ Change	
			□ Remove	
			Change	
			□ Remove	
			Change	
				
			□ Remove	
			Change	
				
			□ Remove	
			Change.	

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NIA
	
(If an effective Note: If t	date, if other than the date of filing:
the record) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	February 19 2019
	Signature of a member of authorized representative of a member Leonardo I. Rodriquez, Tv. Typed or printed name Il signee

Page 3 of 3

Filing Fee: \$25.00