119000045152

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S. YOUNG

COVER LETTER

Division of Corpo			
SUBJECT:	MAGFIELD :	ELECTRIC LLC	
		ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	ELKIN	ZAMBRANO	
		Name of Person	
		Firm/Company	·
	1263 SANDES	STIN WAY	
		Address	***************************************
	ORLANDO,	FLORIDA 32824 City/State and Zip Code ELECTRICOGMAIL.CO	
		City/State and Zip Code	
	MAGFIELD E-mail address: (t	to be used for future annual report notific	cation)
For further information cond	cerning this matter, please ca	·	
<u> </u>			0.00
	ZAMBRANO	at (407) 715 -	-9179
Name of Po	erson	Area Code Daytime	Telephone Number
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGFIELD ELCIRIC 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 February 14, 2019 and assigned Florida document number 11900045152
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: MAGFIELD ELECTRIC LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)
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:
New Registered Office Address: Enter Florida street address
. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	Name	Address	Type of Action
···			Add
			□ Remove
			Change
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effectiv	ate, if other than the date of filing: (optional) edate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	05.
	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be leffective date on the Department of State's records.	ste
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eah day after the record is filed.	пе
	Marrie 18 2019	
:d	March, 18 . 2.019 Elle	
	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00