L19 000045607

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration S Division of Co			
	trical Åssociates, LLC	•	•
SUBJECT:	Name of Lin	ited Liability Company	_
	Amendment and fee(s) are sub	•	
	Michael Rueth		
		Name of Person	
	RMC Electrical Assocoiat	es	
		Firm/Company	
	12718 Dupont Circle		. 2:
		Address	2022 D T
	Tampa, FI 33626		·
		City/State and Zip Code	
	mrueth@rmcea.com		
For further information of	te-mail address; to concerning this matter, please c	to be used for future annual report notification)	
Michael Rueth	oneering this mater, prease c	813 460-4261	
	of Person	at () Area Code Daytime Telephone	Number
		payanie releptions	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (cadditional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	
Division of C		Division of Corporations	3
P.O. Box 632	27	The Centre of Tallahasse	2e
Tallahassee,	FL 32314	2415 N. Monroe Street,	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMC Electrical Associates, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recor- ted Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Comp.	any were filed on 2/14/2019	and assigned
orida document number L19000045607		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u>i</u>	
nter new mailing address, if applicable:		202
Mailing address MAY BE A POST OFFICE BOX)		
		5 5
		φ.
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>enter</u>	r the name of the new regist
ent and/or the new registered office address here:	/	, rè
		(ည (၁)
Name of New Registered Agent:	/	
New Registered Office Address:		
	Enter Florida street addre	WS
·/		lorida
	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, 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>	Address	Type of Action
MGR	Molly Ochiltree	1218 Dupont Circle	■Add
		Tainpa, FL 22626	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add □ □ □ □
		☐Remove .	
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			Change

	
	
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Effective date, if other than the date of filing:	(optional)
f 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
Note: If the date inserted in this block does not meet the application application of State's records.	able statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective ti d is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 4 2022	
,	<u> </u>

Filing Fee: \$25.00

Typed or printed name of signee