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(Red	questor's Name)	
(Add	dress)	<u></u>
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MR 58 JUB

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Kings Electr Name of Limi	ical Services LLC	1
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Jo	ured T. King	
	Kings Elei	Name of Person CMICAL Services L Firm/Company	LC
	183 Old	Ferry Doll Rd	
	Eastpai	VA II 32328 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information co	ncerning this matter, please ca	dl: _	
Name of	Person J	at (<u>\$60</u>) <u>663 5</u> Area Code Daytime Te	lephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 1	O1	
Kings Elec	trical Services UC	
(<u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	Sompany were filed on 3899 and assigne	d:
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRE	ESS)	
	7ATA	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	FLECTO
	CO'	
	ii 🛣	- Marry
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of t	he nev
<u>-</u>		
Name of New Registered Agent:	7-04-	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin 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 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 = Au	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	David Jordan King	101 State Rd 65 Eastpoint Fi 32328	Add
	Eastpoint Fe 32328	□ Remove	
		Change	
		🗆 Add	
		🗆 Remove	
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		□ Remove	
			Change

). 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: (optional) (ctive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the red b) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 19 , 2019.
	Signature of a member or authorized representative of a member
	Typed or printed hame of signee