L190000224939

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

TO:	Registration S Division of Co			÷ ;
CHD IE		ric Company LLC		•
SUBJE	↓1:	Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Terry M Horton Jr		
			Name of Person	
		Elite Electric Company LI	LC .	
			Firm/Company	
		541745 US Hwy 1		
			Address	
		Callahan FL 32011		
			City/State and Zip Code	
		markhorton229@me.com		
			to be used for future annual report noti	fication)
For furth	er information of	concerning this matter, please ca	all:	
Terry M	Horton Jr.		904 629-4420 at ()	
	Name o	of Person		e Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25.0	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

Elite Electric Company LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our orda Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 9/5/2019	and assigned
Florida document number L19000224939	·	
This amendment is submitted to amend the following	ŗ:	
A. If amending name, enter the new name of the l	limited liability company here:	SE SE
The new name must be distinguishable and contain the words "l	Limited Liability Company "the designation	yn "I I C" or the abbreviation "I I C"
Enter new principal offices address, if applicable:		PER J. C.
(Principal office address MUST BE A STREET AD	DRESS)	SSC
		T 9 4
		THE S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	gistered office address on our r	ecords, enter the name of the no
registered agent and/or the new registered office a		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	l 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, 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	Wade G Faircloth	54262 Cravey Road Callahan FL 32011		= Add
		····		Remove
	Worms C. Fairelath	64262 C D 10 H. L EV		Change
MGR	Wayne G Faircloth	54262 Cravey Road Callahan FL 32011		🗖 Add
				Remove
				Change
			SECRETI TALLA	□ Add
			CRETARY OF STATEMENT OF STATEME	Section ,
			STATE	Add
			·	□ Remove
				□ Change
			_	□ Add
				□ Remove
				□ Change
				□ Add
				_□ Remove
				☐ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to da lote: If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.020' statutory filing requirements, this date will not be listed as
	effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed. November 15 2019	n effective time, at 12:01 a.m. on the earlier o
valed	d representative of a member

Page 3 of 3

Filing Fee: \$25.00