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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067 : (407)370-3686 Phone

: (407)370-3120 Fax Number

Enter the email address for this business entity to be used for future unnual report mailings. Enter only one email address please.

Email Address: CAPOLO LABSONICE COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIGHT CHOICE ELETRICAL LLC

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COVER LETTER

TO: Re	gistration Secti dision of Corpu	on rations			
		ICE ELETRICAL LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclose	d Anieles of A	nendment and fee(s) are subir	nitted for filing.		
		lence concerning this matter to			
		CAROLINE LARSON			
			Name of Person		
		LARSON ACCOUNTIG G			
			Firm/Company		
		7901 KINGSPOINTE PKW	VY STE 17		
			Address		
		ORLANDO, FL 32819			
			City/State and Zip Co	ide	
		CAROL@LARSONACC.C			
		E-mail address: (1	o be used for future ann	ioal report notification	on)
For further	information co	scerning this matter, please ca	d1:		
CAROLIN	E LARSON		407 at ()	370-3686	
-	Name of	Person	at () Area Code	Daytime Tel	ephone Number
Fuctored in	s a check for the	following amount:			
	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting F Certified Copy (additional copy)	y	☐ \$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, Ft. 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301



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October 18, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

RIGHT CHOICE ELETRICAL LLC 8600 COMMODITY CIRCLE 143 ORLANDO, FL 32819

SUBJECT: RIGHT CHOICE ELETRICAL LLC

REF: L19000245950

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: B19000309058 Letter Number: 619A00021603 4 11/5/2019 11:42 AM TO:18506176383 FROM:5615375904

⊃age:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

26명 NOV -5 후 1: 명시 RIGHT CHOICE ELETRICAL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAMASSEL FLUMIDA The Articles of Organization for this Limited Liability Company were filed on 09/30/2019 ____ and assigned Florida document number 1,19000245950 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RIGHT CHOICE ELECTRICAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Umer Florida street address

. Florida ___

5 11/5/2019 11:42 AM TO:18506176383 FROM:5615375904

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>	Nume	<u>Address</u>	Type of Action
N/A	N/A	.V/A	Add
			Remove .
			Change
			Add
			☐ Remove
		-	Change
			D Add
			☐ Remove
			Change
			□ Remove
			☐ Change
	·		☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

	N/A
(H'ar No	ective date, if other than the date of filing:
If the (b)	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o The 90th day after the record is filed.
Da	ted <u>November</u> 11 2019
	Signature of a member of authorized representative of a member
	,, , , , , , , , , , , , , , , , , , ,

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