## 2000003118

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## **COVER LETTER**

• •			
SUBJECT: 1-1	EL Electrical Con	trueturs	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
Division of Corporations  SUBJECT:   1-18   Electrical Conference   Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:			
	HSL Elec	Hial Converters Firm/Company	
	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Luith MScgy   Name of Person  Hold Electrical Coventures  Firm/Company    12402   Pupus PL   Temple Terrule   33617   FL		
			us @ Grail . Com
For further information co			
Leiry	7.D	at (727) 945	-4584
Name o	l Person	Area Code Daytim	ie Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<del>-</del>	Section orporations	Registration Se Division of Cor	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

118/ Fle	esvial congrutors	LZC
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number <u>L 2 600 600 31] 8</u>	<u> </u>	
This amendment is submitted to amend the following:		2020 . SECE FA
A. If amending name, enter the new name of the limi	<del>-</del>	2020 JAN 24 SECRETARI
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	.C" or the abbreviation "I"
Enter new principal offices address, if applicable:		🛩 يو 🖭
(Principal office address MUST BE A STREET ADDR	(ESS)	32 1
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oddr	ess
	··	lorida Zio Code
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			hange
AMBR	Lungy Alsun		□Add
		<del></del>	□Remove
			S Shange
MGR	Mondan AlSonsi		<b>2</b> 2
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