



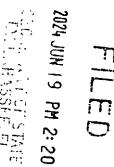
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200431134612

037/19/24--01020--009 \*+25.00



## **COVER LETTER**

TO:

ΓΟ: Registration So Division of Co				
	LECTRICAL SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The anglaced Articles of	Amendment and fee(s) are sub	unitted for Olina		
	ondence concerning this matter	_		
	FANNY CRUZ			
		Name of Person		
	FAN TAX OFFICE CORI	p		
		Firm/Company		
	1023 NE 14TH ST			
		Address		
	OCALA, FL 34470			
		City/State and Zip Code		
	FANTAXOFFICE2021@C			
		to be used for future annual report not	ification)	
for further information of	concerning this matter, please c	all:		
FANNY CRUZ		352 433-0094 at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
inclosed is a check for t	he following amount:			
■ \$25.00 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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee.	rt. 52514	2415 N. MONIC	pe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	is it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company were Elorida document number <u>L.20000044880</u> .	re filed on 02/07/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		20 <b>24</b>
(Principal office address MUST BE A STREET ADDRESS)		
_	<u>&gt;</u>	. 9

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:

Name of New Registered Agent:	FAN TAX OFFICE CORP		
New Registered Office Address:	1023 NE 14TH ST		
	Enter Floridu street address		
	OCALA	, Florida <sup>34470</sup>	
	City	Zip Code	_

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

COUCH ELECTRICAL SERVICES LLC

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>	<u>Address</u>	Type of Action
AMBR	BARBARA A. COUCH	6831 DEER SPRINGS RD	≣Add
		KEYSTONE HEIGHTS, FL 32656	□Remove
			□Change
			□Add
		<del></del>	□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
	_	☐ Change	
		□Add	
		□Remove	
		[]Change	
		□Add	
		□Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 06/11 Dated \_\_\_ 2024 Signature of a member or authorized representative of a member JOSEPH C. COUCH Typed or printed name of signce

Filing Fee: \$25.00