## 120 0000 76607

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Seemess Zhar, Name,
(Document Number)
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## **COVER LETTER**

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT: Pot	riot Electric	al of North F	toride uc
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		Mrny Ole Name of Person	
	Fatriot El	ectrical of Nor	th Florida
	45439 Inc	jle ham Circle	
	Calla	City/State and Zip Code	1
	Fatrot E E-mail address: (1	Tectnical of nfo o be used for future annual report not	
For further information co	oncerning this matter, please ca	ıll:	
Tann	v Cole	at 904 339. 3	3589
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patriot Electrical of North Florida uc (Name of the Limited Liability Company as it now appears on our records.) All 9: 13

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	v Company were fil	ed on M	Th 9th 2020 and assi	gned
Florida document number 20000 7440	) 7			<b>.</b>
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the l	limited liability cor	npany here:		
The new name must be distinguishable and contain the words "	Limited Liability Comp	any," the designatio	n "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if applicable:			· <u> </u>	<del></del> -
(Principal office address MUST BE A STREET AD	DRESS)	·		
		<del></del> -		<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	 )			
B. If amending the registered agent and/or registered agent and/or the new registered office address her		on our records,	enter the name of the new	registered
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Enter Florida street	t address	<u>.</u>
	City		, Florida Zip Code	
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	id complete perfort d agent as provide tered office addres	nance of my dut d for in Chapter	ties, and I am familiar with · 605, F.S. Or, if this docur	h and ment is

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>	Name	Address 2023 AUG 17 AN 9: 13	Type of Action
WGR	Tanny Cole	45439 Fryseham Cir	(Ď Add
	U	45439 Fryseham Cir Calahan, FL 32011	□ Remove
			☐ Change
<del></del>			□Add
			□ Remove
			Change
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	2370 Woo 1
	<del></del>
ive date, if other than the date of filing:	(optional)
ective date is listed, the date must be specific and cannot b	e prior to date of filing or more than 90 days after filing.) Pursuant to 60 applicable statutory filing requirements, this date will not be lis
ent's effective date on the Department of State's re	
rd specifies a delayed effective date, but not an effectled.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after