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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Bly Electric			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charles B. Hernicz, Esq.		
		Name of Person	
	Hernicz Legal Services, P.	I	
		Firm/Company	
	1460 Wood Row Way		
		Address	<del></del>
	Wellington, FL 33414		
		City/State and Zip Code	
	Chernicz/a herniczlegal.cor		
	E-mail address: (	to be used for future annual report not	dication)
For further information c	oncerning this matter, please c	all:	
Charles B. Hernicz, Esq.		561 753-7511 at ( )	
Name o	f Person	Area Code Daytin	te Telephone Number
Enclosed is a check for the	ne 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 tadditional copy is enclosed;
Mailing Address	<u>s:</u> Evotion	Street Address:	etian
Registration 9 Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bly Electric, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number 1.20000092783	were filed on March 31, 2020	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
lyco Electric, LLC		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "tlC."
nter new principal offices address, if applicable:	N/A	Feb. 29
rincipal office address MUST BE A STREET ADDRESS)		APR
		20
iter new mailing address, if applicable:		-: P:
lailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<b>C</b> :
If amending the registered agent and/or registered office tent and/or the new registered office address here:  Name of New Registered Agent:  N/A	address on our records, enter the	name of the new regis
New Registered Office Address:	Enter Florida street address	
	, Florid	la.
	City , FIOTIC	та Zip Секіс

## 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
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			□Remove
			□Change
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d specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 9	0th day afte
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Som 17 Rose		
(hall)		

Filing Fee: \$25.00

Typed or printed name of signee