Lanno 123616

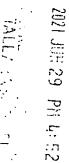
(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
}		

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D BRUCE JUL 24 2021

COVER LETTER

Division of Corporations			
SUBJECT: R&B COASTAL ELECTRIC LL	c		
	Limited Liability	Company)	
The enclosed member, resignation or diss	ociation and fe	ee(s) are submitted for fi	ling.
Please return all correspondence concerni-	ng this matter	to:	
Lawrence Bill			
(Contact Person)			
(Firm/Company)			
100 Lamplighter Lane			
(Address)			20
North Fort Myers. FL 33917)21 JU
(City/State and Zip Code)			
For further information concerning this m	atter, please ca	all:	<u>.</u>
Lawrence Bill	239 at (247-9114	 ()
(Name of Contact Person)	(Area Co	ode & Daytime Telephone	Number)
Enclosed please find a check made payabl		-	
■ \$25 Filing Fee	□ \$55 Fil	ling Fee & Certified Cop	рy
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corpora	
P.O. Box 6327		The Centre of Tallal	
Tallahassee, FL 32314		2415 N. Monroe Str	eet. Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&B Coastal Electric, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)		_	
The Articles of Organization for this Limited Liability Company	were filed on	and	assigne	:d
Florida document number L20000123616				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation	ı "L.L.C.	
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				 -
			202	.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the h	ame or me	E	PISIE
agent and/or the new registered office agent 600 hors.			\sim	~*1
Name of New Registered Agent:		* ·	9	. "
Name of New Registered Agent.			. <u></u>	
New Registered Office Address:	Enter Florida street address		_ 	
	, Florida	•	10	
	City	Zip C	ode	

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	<u>Address</u>	Type of Action
AMBR	Miguel Castillo	4704 4th St W	
		Lehigh Acres, FL 33971	□Remove
			Change
			☐Add
			□Remove
			☐ Change
			
			□Add
			Remove
			☐ Change
			□ Add
			Remove
			□Add
			Remove
			Change

					
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			<u> </u>		
					
iffective date, i	f other than the date is listed, the date must be spe	of filing:	Jan of filing or more tha	(optional)	uant to 605,0207 (3)
Note: If the date	is listed, the date must be spe inserted in this block do trive date on the Departm	ses not meet the applicat	ble statutory filing requ	irements, this date will r	iot be listed as the
record specifies d is filed.	a delayed effective date.	, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
Dated	19/2021		_·		
L.V	I II	K.11			
フ	A X		rized representative of a n		

Filing Fee: \$25.00