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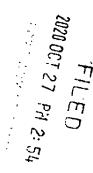
(Requestor's Name)
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10/27/20--01020--028 **25.00



12/5/20

COVER LETTER

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TO: Registration So Division of Cor			
JACQUEL	INE ACEVEDO		
SUBJECT:	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:	
	JACQUELINE ACEVEDO)	
		Name of Person	
	JASASTSA BUSINESS S	ERVICES LLC	
		Firm/Company	
	22095 US HWY 19		
		Address	
	CLEARWATER, FL 3376	5	
		City/State and Zip Code	
	AUCLEARWATER@GMA		*
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	aH:	
JACQUELINE ACEVE	DO	727 645-2856 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed 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 Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART ENERGY ELECTRICAL CONTRACTORS LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) tty Company)
The Articles of Organization for this Limited Liability Company were	e filed on 05/21/2020 and assigned
Florida document number L20000138918	
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 Co	ompany," the designation "LI.C" or the abbreviation "L.L.C."
,	20%
Enter new principal offices address, if applicable:	Z0Z0 OC
Principal office address MUST BE A STREET ADDRESS)	
	27
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	· 4 · · · · · · · · · · · · · · · · · ·
·,,	<u>ည်</u>
Mailing address MAY BE A POST OFFICE BOX)	
	
3. If amending the registered agent and/or registered office addr	ess on our records, enter the name of the new register
igent and/or the new registered office address here:	cas on var records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

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 autoor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JACQUELINE ACEVEDO	2080 CALUMET STREET SUITE B	□Add
		CLEARWATER, FL 33765	\ \exists Remove
			□Change
MGRM	XIOMARA FRIDMAN	2080 CALUMET STREET SUITE B	= Add
		CLEARWATER, FL 33765	20200CT F
			T 2 Thanse
MGRM	STEPHANIE SANDOVAL	2080 CALUMET STREET SUITE B	: <u>⊒</u> ∧dd
		CLEARWATER, FL 33765	☐ Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

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