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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(5)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	OMES 2 Name of Lin	VATTS ELEC	Litercal SERVIC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bei	an CIEAR hae	оТ
	Homes & W	atts Electric	al Scruces UC
	19 RE	Address	Ē
	PHM	Coast FL City/State and Zip Code	. 32164
	brian_hon	City/State and Zip Code  CSandwatts a  to be used for future annual report no	Outlook. Com
For further information co	oncerning this matter, please c	ali;	
BRIAN Name of	CZEMENARDT Person	at ( <u>407</u> ) <u>40</u> Area Code Dayti	9 00 4 3 ime 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 Address Registration S	ection	Street Address: Registration S	
Division of Co	orporations	Division of Co	orporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•		Sec. 2007
		2024 (f 23 - 1 3: 53
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number 13600 2216	<u>4</u> 4	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
F-1		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
	<del></del>	
B. If amending the registered agent and/or registered	l office address on our record	ls, enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:		
	Enter Florida su	reet address
		, Florida
	City	Zip Code

## 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>	<u>Name</u>	Address	Type of Action
AMBR	DENISE M. GEARHARDT	- 19 REINDER LN PALM COAST FI 32164	CDAGG
		PALM COAST FI 32164	/ □Remove
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	's effective date of							
cord sp s filed.	ecifies a delayed	effective date, l	but not an ef	fective time,	at 12:01 a.m. c	on the earlier of	f: (b) The 90th	day after the
ed	7-18.	1024						
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		Rrian	Dear	randt				
		Signatu	re of a membe	er or authorized	d representative	of a member		