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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
l (Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
	_	
	Office Hee Or	d.



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COVER LETTER

TO: Registration S Division of Co				1
	Electric LLC		,	
SUBJECT:	Name of Lin	ited Liability Company		,
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		1
	Steven E. Bierly			
		Name of Person		,
	Waterside Electric LLC			
		Firm/Company		
1	2311 Four Winds Dr		<i>er</i>	—20
,		Address		21-FE
	Jacksonville Florida, 3222	4		B-1-9
	MyTrueElectric@gmail.com	City/State and Zip Code		021-FEB-1-9PM-3:- 2 0
		to be used for future annual report notifical	tion)	ယ် '
For further information	concerning this matter, please c	all:	· [F]	ö
Steven E. Bierly		904 910-5101		
Name	of Person	Area Code Daytime Te	elephone Number	
Enclosed is a check for	the 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 Sta Certified Copy (additional copy is ea	atus &
Mailing Address Registration Division of G P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporting Centre of Tall 2415 N. Monroe Section Tallahassee, FL 32	rations ahassee treet, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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breviation "L.L.C."
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Zip Code

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
			, □Add
			□Remove
			Change
			Add
			Remove
			2021 The B-19 PH-3-20
		Add	
		Add PH-32 Remove	
			Change
			□Add
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			Change
			□ Add
, 			□ Remove
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			□Remove
			□ Change

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l If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	19 19	2
•	PH I	;
		
. Effect	ive date, if other than the date of filing: N/A (optional)	(01.0307.13
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
docun	nent's effective date on the Department of State's records.	
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
cord is fi		uner une
	Tith onl	
Dated	February 16th 2021.	
	Deve E. FZ	
	Signature of a member or authorized representative of a member	
	Steven E. Bierly Typed or printed name of signee	
	Typed or printed name of signee	_