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(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Austin Ferrell Electric LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Austin Ferrell
Name of Person
Firm/Company
8034 County Rd 214
St. Augustine FL. 32092
St. Augustine FL. 32092 City/State and Zip Code Austin Ferrell 84 Damail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Avstin Ferrell at (904) 501-2770 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Of

Austin Ferrell Ele	ctric LL	<i>C</i>	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 2 0000 30 4477</u>	y were filed onS c/	tember 30 TH , 2021 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Link	pility Company," the designation	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		21 NOV -	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	Is, enter the name of the new registers	
Name of New Registered Agent:			
New Registered Office Address:	Emer Florida s	treet address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officers.	rte performance of my as provided for in Chai	ducies, and I am familiar with and before 605, F.S. Or, if this document is	

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

Type of Action Address Title Name Austin Michael 8034 county Rd 214 To St. Augustin Fl 32092 ____ DRemove Dustin Charles Nylsery 80321 Country Rd 214 MAdd
St Augustine FL 32092 MAD □Remove □Add _____ □Change

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<u>ste:</u> If t	he date inserted i	n this block d	loes not mee	t the applical	ole statutory fi	ling requireme	ents, this do	ite will not b	e listed as
cument'	's effective date o	on the Depart	ment of Stat	e s records.					
record sp	occiñes a delayed	l effective dat	e, but not an	effective tin	ie, at 12:01 a.r	n, on the carli	er of: (b)	The 90th day	y after the
is filed.									
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