L21000011158

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COVER LETTER

TO: Registration Section

Division of Cor	porations		
	ELECTRIC, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	RICHARD THOMAS		
		Name of Person	
		Firm/Company	<u></u>
	PO BOX 363		
		Address	
	FORT MYERS, FL 33970	0.00	
	ELECTEDELECTRIC29@	City/State and Zip Code GMAIL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
RICHARD THOMAS		239 745-5644 at ()	
Name	of Person	Area Code Daytin	ne Telephone 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Company as it now appears on our records	<u>")</u>
The Articles of Organization for this Limited Liabi Florida document number L21000011158	lity Company were filed on 1/4/2021	and assigned
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
ELECTED ELECTRIC & CONSTRUCTION LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
-	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>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			☐ Change
			DAdd
			□Remove
			□ Change
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			[]Change

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Tective date, if other than the done effective date is listed, the date must lete: If the date inserted in this block cument's effective date on the Department.	se specific and cannot be priced to does not meet the appli	cable statutory filing rec	(optional) nan 90 days after filing.) Pursu nuirements, this date will no	ant to 605,020 of be listed a
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
ted				
Richard Thom				
<u> </u>	lignature of a member or aut	norized representative of a	member	