h21000439995

(R	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(B	usiness Entity Name)			
(Document Number)				
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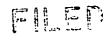
TO: Registration Se Division of Cor			· · ·		
FITZROY"	S ELECTRICAL SERVICES I	.LC	•		
SUBJECT:	Name of Lim	ited Liability Company			
The analoged Assistance of	Amendment and fee(s) are sub	mitta I for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	FITZROY D REID				
		Name of Person			
	FITZROY'S ELECTRICA	L SERVICES LLC			
	Firm/Company				
	301 NW 204TH TER				
		Address			
	MIAMI, FLORIDA 33169				
		City/State and Zip Code			
	fitzroyelectric@gmail.com	to be used for future annual report no	rification)		
For further information c	oncerning this matter, please ca				
FITZROY D REID	, , , , , , , , , , , , , , , , , , , ,	786 208-7804			
Name of Person		at () Area Code Daytir	72.1.1.51.1.		
Name o	i Person	Area Code Daytii	ne Tetephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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)		
<u>Mailing Addres</u> Registration S		Street Address: Registration So	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2021 NOV 15 PH 5: 24

FITZROY'S ELECTRICAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records) | (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (and assigned
Florida document number L21000439995	<u>. </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
FITROY'S SERVICES LLC		
The new name must be distinguishable and comain the words "Lin	mited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	. Florida	
-	City	Norida <u>Zip Code</u>

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>	Name	Address	Type of Action
AMBR NORDIA E REID	NORDIA E REID	301 NW 204TH TER	🗆 Add
		MIAMI FL 33169	_
			☐ Change
		□Add	
			□Remove
		□Add	
			□Remove
		Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□ Remove	
		Change	
		□Add	
		□Remove	
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated OCTOBER 27 2021 Signature of a member or authorized representative of a member FITZROY D REID Typed or printed name of signee

Filing Fee: \$25.00