(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

If you have any questions please contact me at 656-7956,

corphelp@dos.myflorida.com 850-245-6051 FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/5/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1023792

ORDER ENTITY
COBASE ELECTRIC, LLC

Sincerely,

PLEASE PERFORM THE FOLLOWING SERVICES: COBASE ELECTRIC, LLC (FL)	
File the attached amendment	
NOTES:	
\$25.00 Authorized Email address for annual report reminders: jehrenfeld@burr.com	
RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: 120050000052	
Please bill the above referenced account for this order.	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, April 5, 2022 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cobase Electric, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Torida document number	ipany were filed on February 1, 2022	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	I liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	
Inter new principal offices address, if applicable:	<u></u> _	022 A
Principal office address MUST BE A STREET ADDRES	SS)	3
		T di
inter new mailing address, if applicable:		.'ò ·
Mailing address MAY BE A POST OFFICE BOX)		0
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>enter the nan</u>	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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 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>	<u>Address</u>	Type of Action
P. S	Kenneth Allan Lalonde	1015 Atlantic Boulevard, Suite 70	
		Atlantic Beach, FL 32233	□Remove
			□Change
			
		 	Remove
			□Change
			□Add Remove
			Remove
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fective date, if other than to meffective date is listed, the date is ote; If the date inserted in this icument's effective date on the	ODOCK GUES HOL HEEL HE B	oducadie siamic	ling or more than 90 or ory filing requirement	_ (optional lays after filing ents, this date) 3.) Pursuant to 605.02 2 will not be listed :
ecord specifies a delayed effectis filed.	tive date, but not an effect	ive time, at 12:0	l a.m. on the earli	er of: (b) T	he 90th day after th
ted April 4	2022				
					
	11 7	7/			
	Signature of a member or	authorized repres	entative of a member		

Filing Fee: \$25.00