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CIVISION OF CORPORATION

22 MAR 30 AM 9: 42

T. MATTHEWS

APR 1 3 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
cup rect.	HUBBARD ELECTRICAL C	ONTRACTING, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JOSHUA M HUBBARD	
		Name of Person	
	HUBBARD ELEC	CTRICAL CONTRACTING, LLC	C
		Firm/Company	
	8627 DI	E HARD LANE	
		Address	
	JACKSO	ONVILLE, FL 32220	
		City/State and Zip Code	
	joshhec83@gmail.com	to be used for future annual report no	elfication)
For further information	concerning this matter, please c		erication)
			_
	A M HUBBARD	904 351-972 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	action
Registration Division of C		Registration S Division of Co	
P.O. Box 630	-	The Centre of	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAR 30 AM 9: 42

HUBBARD ELECTRICAL CONTRACTING, 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 Company	were filed on	2/08/2022	and assigned
Florida document number	1.22000066624			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liabi	lity company he	<u>ere</u> :	
The new name must be distinguish	able and contain the words "Limited Liabili	ty Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices	address, if applicable:			
(Principal office address MU	IST BE A STREET ADDRESS)	A7 - 1882		*****
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)	.		
B. If amending the register agent and/or the new regist	ed agent and/or registered office a ered office address here:	ddress on our r	ecords, <u>enter the na</u>	me of the new registered
Name of New Regis	stered Agent:			
New Registered Off	ice Address:	Enter Flor	ida street address	
			Florida	
Non-Boda - I A	and the second second second second	City		Zip Code
	nture, if changing Registered Agent:			
provisions of all statutes re accept the obligations of m	ment as registered agent and agre lative to the proper and complete p w position as registered agent as p t a change in the registered office of in writing of this change.	performance of rovided for in C	my duties, and I am Chapter 605, F.S. O	familiar with and r, if this document is

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
MGR	Tina L. Hubbard	8627 DIE HARD LANE	□Add
		JACKSONVILLE, FL 32220	≅Remove
			☐ Change
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Кетюче
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			∏ Charace

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Note: If the	te, if other than the date of filing:
e record speci rd is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/22 2022
· ·	Now 71.11
_	Signature of a member or outhorized representative of a member
	JOSHUA M HUBBARD
_	Typed or printed name of signee

Filing Fee: \$25.00