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(Requestor's Name)	
(Address)	—
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(101100)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
MAIL MAIL	
(Business Entity Name)	
(Document Number)	
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Cartification of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only





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COVER LETTER

TO: Registration Se Division of Cor			
	dable Electric LLC		
SUBJECT:		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:	
	Thomas S Konstas		
		Name of Person	
	TKO Affordable Electric I	LLC	22 \$
		Firm/Company	
	701 North Florida Avenue		22 AUG 10 AM 10: 52
		Address	
	Tarpon Springs, FL 34689		ງ: 52
		City/State and Zip Code	
	tomkonstas@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Thomas S Konstas		727 906-1279 at ()	
Name o	f Person	Area Code Daytima	e Telephone Number
Enclosed is a check for the	ne 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 Address Registration S		Street Address: Registration Sec	etion
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee.	F1, 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	Thomas S Konstas	701 North Florida Avenue, Tarpon Springs, FL 34689	_ = Add
			_ □Remove
			_ □Change
			_ □Add
			Remove Vising of to
			10 4 10: 62
			_ □Change
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		□Remov	_ □Remove
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			_ □Change

Thomas S Konstas 759	;						
Catherine M Konstas (v	vife) 25%						_
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etive date, if other that effective date is listed, the date. If the date inserted in timent's effective date on	his block does m	ot meet the app	icable statutory	g or more than 90 r filing requiren	(optional) days after filing, nents, this date	.) Pursuant to 66 will not be li	05.(.ster
ord specifies a delayed ef filed.	Tective date, but	not an effective	time, at 12:01	a.m. on the earl	ier of: (b) Th	ie 90th day af	ter
August 5th		2022					

Typed or printed name of signee

Mail body: AMBR Form

Attn: Thomas S. Konstas Registered Electrical Contractor