122000 168356

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2022 AUG - I AKII: 00

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|--|---|
| SUBJECT: | Cape Coval | Electric ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | shua D Sa/2 Name of Person | |
| | Cape | Coval Electy Firm/Company | ic |
| | 927 SE 35 | Address | |
| | Cape Cova | City/State and Zip Code $Sal2/4) = Ma/1.$ to be used for future annual report notice | Section fication |
| For further information e | oncerning this matter, please ca | | |
| Jashaa Name o | D 54/2/ Person | at (6/11) 366 ° (Area Code Daytime | 6568 e Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| № \$25.00 Filing Fee | (2) \$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limit | ed Liability Compa (A Florida Limited L | ny as it now appears on ou Liability Company) | r records.) | | |
|---|--|--|--------------------|-----------------------------|-----------|
| The Articles of Organization for this Limited Li Florida document number $\angle 22000 /68$ | ability Company | | | and assigned | |
| This amendment is submitted to amend the following | | | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | | | |
| The new name must be distinguishable and contain the wo | | ity Company," the designation | on "LLC" or the al | obreviation "L.L.C." | |
| (Principal office address MUST BE A STREE | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | <u>80X)</u> | | | 2022 AUG -1 AI SECRETARY | |
| B. If amending the registered agent and/or reagent and/or the new registered office addres | egistered office a s here: | ddress on our records. | enter the nan | ne of the new register | <u>ed</u> |
| Name of New Registered Agent: | | loshua D | Salzl | | |
| New Registered Office Address: | 927 S | E 35+L Tex Enter Florida stree | Ya C | | |
| | cape | E35th Ter Enter Florida stree Coval | , Florida | 33904 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---|----------------|
| AMBR | Joshua D Salz1 | 927 SE 35th Temace | £złAdd |
| | | 927 SE 35th Terrace Cape Coral FL 33904 | □Remove |
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| ote: If t | date, if other that we date is listed, the da the date inserted in its 's effective date on | this block does no | t meet the appli- | cable statutory fi | r more than 90 da ling requiremen | (optional) ys after filing.) Pun its, this date will | suant to 605,0207 not be listed as |
| ecord sp is filed. | pecifies a delayed et | ffective date, but n | ot an effective (| time, at 12:01 a.i | n. on the earlier | of: (b) The 90 | th day after the |
| ited | July | / | . 505) KS/ / | | | | |
| | | Signature of | a mentiber or aut) | przed representat | ive of a member | · •••• | |
| | | . . | V | - 1 | | | |

Filing Fee: \$25.00