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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

CHICAN BEN CAUS	etric NSB, LLC		
		nited 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:	
	Victor M Parker		
		Name of Person	
	Parker Electric NSB, LLC		
	<del></del>	Firm/Company	
	402 Quail Nest Lanc		
		Address	
	New Smyrna Beach, Fl 32	168	
		City/State and Zip Code	<del></del>
	parkerelectriensb@gmail.co	om	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Victor M Parker		386 566-8266 at ( )	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$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 S Division of C P.O. Box 632 Tallahassee, I	Section Corporations C7	Street Address: Registration Sec Division of Corp The Centre of Torono	oorations
	·	Tallahassee, FL	•

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parker Electric NSB, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 4/07/2022 and assigned
lorida document number L22000168719	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<b>\$</b> 8 8
Principal office address MUST BE A STREET ADDRESS)	1 1
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	22. 8
	<b></b>
To Day to Land	
<ul> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ul>	iddress on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
Now Registered Office Address.	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
Mgr	Carrie E Parker	4032 Quail Nest Lane	□Add
		New Smyrna Beach, Fl 32168	■Remove
			□ Change
			🗀 Add
			□ Remove
			Change
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			The Stemove Shange
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			□ Remove
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or mo If the date inserted in this block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed.
ment's effective date on the Department of State's records.	Topic and the second second
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after th
filed.	
5/11/2022	
d <u>5/11/2022</u> ,	