

# L22000243360

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

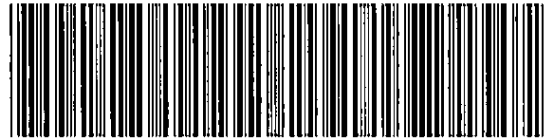
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/23/22--01013--009 \*\*60.00

RECEIVED

2022 AUG 23 AM 10:11

2022 AUG 23 PM 10:21

CLERK ASSISTANT

of 8/23/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Electrico Services LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darrell L. Carter  
Name of Person

Firm/Company

948 Las Navas PL  
Address

St Augustine, FL 32092  
City/State and Zip Code

electrico inc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darrell Carter at (904) 463-8412  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2022 AUG 23 AM 10:21

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Type of Action</u>
<u>MGR</u>	<u>Pamela Carter</u>	<u>948 Las Navas PL</u>	<input type="checkbox"/> Add
		<u>St Augustine FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32092</u>	<input type="checkbox"/> Change
<u>AP</u>	<u>Dawson Carter</u>	<u>948 Las Navas PL</u>	<input type="checkbox"/> Add
		<u>St Augustine FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32092</u>	<input type="checkbox"/> Change
<u>AP</u>	<u>Cameron Carter</u>	<u>948 Las Navas PL</u>	<input type="checkbox"/> Add
		<u>St Augustine FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32092</u>	<input type="checkbox"/> Change
<u>AP</u>	<u>Zach Carter</u>	<u>948 Las Navas PL</u>	<input type="checkbox"/> Add
		<u>St Augustine FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32092</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 23, 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Darrell L. Carter

Typed or printed name of signee