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(((H22000428811 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGHER VOLTAGE ELECTRICAL SERVICES LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT το ARTICLES OF ORGANIZATION OF

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HIGHER VOLTAGE ELECTRICAL SERVICES LLC		
(Name of the Limited Linbility 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 10/25/2022  Florida document number L22000471080	and as:	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered office address on our records, enter the nai agent and/or the new registored office address here:	me of the ner	v register
Name of New Registered Agent:	بم	
New Registered Office Address:  Enter Florida street address	- 33	: 
YN ! A .	<u> </u>	•
, Florida	= Zip Cod	<del></del>

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.

## Page 30f4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

+ 422000 42811

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Justin D. Loslie	1296 Inverness Street	
		Port Charlotte FL 33952	□Remove
			□ Change
AMBR	Jestine A. Riley	1296 Inverness Street	<b>=</b> Add
		Port Charlotte FL 33952	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
		-	☐ Add
			□Remove
			☐ Change
			□Add
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>inote:</u>	ve date, if other than the date of filing:
d is file	
Dated _	Dec 20, 2022 Dec 20, 2022
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	Signally styling (On the Dr. garage and gare and member

Filing Fee: \$25.00