LZZ000491108

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COVER LETTER

Division of (i Section Corporations		
SUBJECT: Eizmeno	tiz Electric LLC		
	Name of L	imited Liability Company	
The analysis to it.			
	of Amendment and fee(s) are s		
Please return all corres	spondence concerning this matt	er to the following:	
	Dannie Gonzalez Eizme	ndiz	
		Name of Person	
	Eizmendiz Electric LLC		
		Firm/Company	
	1001 Cedartree Ave		
		Address	
	Lehigh Acres, FL, 33971		
		City/State and Zip Code	
	danniegonzalez@yahoo.co		
for further information		(to be used for future annual report no	tification)
	concerning this matter, please o	call:	
Dannie Gonzalez Eizmendiz		239 745-8769 at ()	
Name of Person			ne Telephone Number
inclosed is a chaol: for i	ka Callana		
Inclosed is a check for the			
■ \$25.00 Filing Fee	S30.00 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		<u>Street Address:</u>	
Registration S		Registration Sec	ction
Division of Co	orporations	Division of Cor	norations

P.O. Box 6327

Tallahassee, FL 32314

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vision of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eizmendiz Electric LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
he Articles of Organization for this Limited Liability (Company were filed on November/2022	and assigned
lorida document number L22000491108		-
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		202 7ALL
Principal office address MUST BE A STREET ADD	RESS)	AUG GREE
		(/) - 1
		7 8 1 m
nter new mailing address, if applicable:		三三三三
Mailing address MAY BE A POST OFFICE BOX)		
		~ 9
. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	e name of the new regis
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	City	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, 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	Angel Alberto Cala Valdes	1001 Cedartree Ave, Lehigh Acres, FL, 33971	\alpha Add
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			□Change
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ective date, if other than the		8/10/2023		(option	al)	
effective date is listed, the date must be: If the date inserted in this blo	be specific and cann	not be prior to date	of filing or more tha	n 90 days after fil	ine.) Pursu:	int to 605.02
ument's effective date on the De	partment of State	s records.	······	.,		n be listed
cord specifies a delayed effective s filed.	date, but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b)	The 90th	day after ti
ed		0:30 a.m				
	GA)					
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Filing Fee: \$25.00