

## L22000 514 452

(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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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
SUBJECT:	is Kinder Elec Name of Lin	trica LUC nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christo	pher Kinde	<u> </u>
	Kinder	- Electrical Firm/Company	Contractor LLC
	508 Narr	DW View Lane	2
	Groveland  E-mail address:	City/State and Zip Code  Vice 1 a aware to be used for future annual report notif	36 rilom fication)
For further information co	oncerning this matter, please c		
Christopher Name of	Kinder	at ( <u>407</u> ) <u>7.33</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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 Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Sec Division of Corp The Centre of To	porations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I			
The Articles of Organization for this Limited Liability Company	were filed on _	12/07/20	000 and assigned
Florida document number <u>L22000514452</u> .		/ (	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
KINDER ELECTRICAL	- CONT	ractor	LLC
The new name must be distinguishable and contain the words "Limited Liabi			
Enter new principal offices address, if applicable:			202
(Principal office address MUST BE A STREET ADDRESS)			
			· — <del>     </del>
Enter new mailing address, if applicable:			— <del>(3)</del> ———
(Mailing address MAY BE A POST OFFICE BOX)			- 13
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			<del>-</del>
B. If amending the registered agent and/or registered office a	address on our	records, enter the n	an of me new registered
agent and/or the new registered office address here:		, <u></u>	
Name of New Registered Agent:	_		
New Registered Office Address:			
New Registered Office Address.	Enter Fl	orida street address	
		<b>T</b>	
	City	Florida	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
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			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
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specifies a dela	yed effective d	ite, but not	an effective	time, at 12	2:01 a.m. on 1	he earlier of: (	b) The 90th day	y after the
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