

122 000525 616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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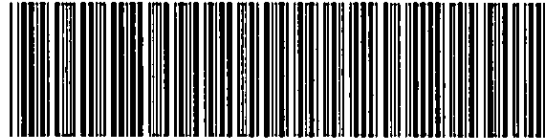
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CERTIFIED ELECTRICAL CONTRACTORS 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:

ADELFO J FLORES-CAMPOS

Name of Person

CERTIFIED ELECTRICAL CONTRACTORS LLC

Firm/Company

4001 N FLORIDA AVE

Address

LAKELAND, FL 33805

City/State and Zip Code

VELEZ506161@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

2022 DEC 29 PM 3:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ADELFO J FLORES CAMPOS

863
at ()

617-1006

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CERTIFIED ELECTRICAL CONTRACTORS LLC

(Name of the Limited Liability 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 DECEMBER 15, 2022 and assigned
Florida document number L22000525616.

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ADELFO J FLORES-CAMPOS

New Registered Office Address:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANGEL J FLORES-CAMPOS	4001 N FLORIDA AVE LAKELAND, FL 33805	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADELFO J FLORES-CAMPOS	4001 N FLORIDA AVE LAKELAND, FL 33805	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
2022 JUN 29 PM 3:07
PH 307

2027 DEC 29 PM 3:07
SECRETARY OF STATE
ITALY/AMST/FL/0001

2021 DEC 29 PM 3:07
STONE ISLAND
ITALIAPOST.COM

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 DECEMBER 20TH, 2022

Signature of a member or authorized representative of a member

JAVIER FLORES AMPR

Typed or printed name of signee