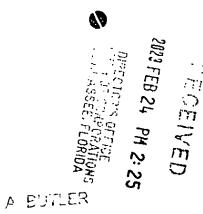
# 23000074690

(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:

Office Use Only



300402119113



FEB 2 8 2023

## FLORIDA FILING & SEARCH SERVICES, INC.

### P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02/24/23

NAME: AK ELECTRICAL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: AK	Electrical Name of Limi	LLC ned Earthry Company	<del></del>
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspon	ndence concerning this matter	to the following:	
	Andiew	Name of Person	
	AK Floor	Firm Company	
	11830 7	Conpest Harbor La	·P
	Ven.w.	FL 34292 City State and Zip Code	
	AKUZMI E-mail address: 1	AK 1 840 @ GMK. 1 CO	ation)
For further information of	oncerning this matter, please c	all:	
ANDREW Name of	Kuzm All	at ( <u>914</u> ) 703 Area Code Daytime 1	clephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy) (certified)

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

2023 FEB 24 AH 8: 08

#### **AK Electrical LLC**

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

1157 1111 (68)	mice that my array my
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{\lambda / 4 / 23}{}$ and assigned
Torida document number L23001074690	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	<u>l liability company here</u> :
The new name must be distinguishable and contain the words "I imited	Ulability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del> </del>	, Florida
New Registered Agent's Signature, if changing Registered A	•
sen Redistered Whent 2 Sibustrate! It chanking Medisteren w	S C W S C C C C C C C C C C C C C C C C

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>	Name	Address	Type of Action
MER	Andrew Kuzmick	11850 Tampest Harbor Loup	ZAdd
		Vinice FL 34292	(_Remove
			<b>X</b> Change
			DAdd
			C.Remove
			Change
			CAdd
			□Remove
			TChange
			CRemove
			Change
	<del></del>		🗆 Add
			□Remove
			□Change
		-	🗆 Add
			🗆 Remove
			□Change

The second secon

_	
_	
_	
_	
_	
_	
_	
_	——————————————————————————————————————
-	
_	
ffectiv	te date, if other than the date of filing:
VULE:	I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licted as a
locume	nt's effective date on the Department of State's records.
record	specifies a delayed official data has a second official and a seco
d is file	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 d.
	,
	<u>2/18</u> . <u>2023</u> .
ated _	,
Dated _	
Dated _	2/18 . 2023 .  Cloud Mun  Signature of a member or authorized representative of a member

Filing Fee: \$25.00