8/2/23, 10:18 AM

Division of Corporations

# Florida Department of State Division of Corporations Electropic Filipg Cover Short

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002683773)))



H230002683773ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENERATOR MAINTENANCE OF SOUTH FLORIDA LLC



Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG - 3 2023

Registration Section

TO:

#### **COVER LETTER**

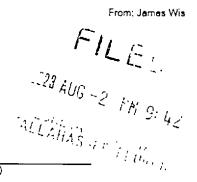
Divi	sion of Corp	porations			
SUBJECT:	GENERAT	OR MAINTENANCE OF SO	CTH FLORIDA LLC		
		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
		idence concerning this matter			
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm Company		
		101 N Brand Blvd 11th Fl			
			Address	····	
		Glendale, CA 91203			
		dwhllc1130@gmail.com	City/State and Zip Code	<del></del>	
		E-mail address: (to	o be used for future annual report notif	ication)	
For further in	formation co	ncerning this matter, please ea	ill:		
Cheyenne Me	oseley		800 773-0888 at ( )		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25,00 Fi	ling 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 īo:

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



GENERATOR MAINTENANCE OF SOUTH FLORIDA LLC

TA Florida Limited	ny as it now appears on ou Lubility Company)	r records,)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000083778	were filed on $\frac{02/15/202}{}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
the new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1000 East Atlantic Suite 104		
(Principal office address MUST BE A STREET ADDRESS)	Pompano, FL 33060		
	<del></del>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		——————————————————————————————————————	
3. If amending the registered agent and/or registered o	ffice address on our		
3. If amending the registered agent and/or registered or registered or registered office address here	ffice address on our		
3. If amending the registered agent and/or registered or registered office address here a Name of New Registered Agent:	ffice address on our		
egistered agent and/or the new registered office address her	ffice address on our		
registered agent and/or the new registered office address here  Name of New Registered Agent:	ffice address on our	records, <u>enter the name of th</u>	
	ffice address on our	records, <u>enter the name of th</u>	

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

15125973041

MGR = Manager AMBR = Authorized Member

or removed from our records:

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dustin Hatton		
			☐ Remove
		1000 East Atlantic Suite 104. Pompano, FL 33060	■ Change
			□ Remove
			☐ Change
		·	
			Reagove
			Change Ch
			Add T
			B.Removq
			Change
			□ Remove
			☐ Change
<del></del>			\ \_ \_\
			☐ Remove
			☐ Change

-		<del></del>					_
-			<del></del>			······································	<b></b>
							_
						27. 23	- ~Y
-						7.1. 	- F
-							7.4.2
-							<b>-</b> -
-						· · · · · · · · · · · · · · · · · · ·	_
-	<u> </u>	<del></del>			<del></del>	·	-
-							<del>-</del>
-		· · · · · · · · · · · · · · · · · · ·	···-				<del>-</del>
_				·····			_
Pote:	ive date, if other the ective date is listed, the c If the date inserted in	this block does not	meet the applicabl	tue of filing or more e statutory filing re	(option than 90 days after fi equirements, this	anl) Eng.) Pursuant to 60 Into will not be lis	5.0207 (3)(ted as the
docum	ent's effective date or	the Department of	State's records.				

Page 3 of 3

Typed or printed name of signee

Dustin Hatton

Filing Fee: \$25.00