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(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



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1916 | 1917 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 1918 | 19

A. RIVERS MAY - 3 2023

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: JJ	Electrical Name of Limited	Services LL Liability Company	<u> </u>
The enclosed Articles of Am	endment and fee(s) are submitt	ed for filing.	
Please return all corresponde	nce concerning this matter to the	ne following:	
	Kerby	Joseph Name of Person	.
		Firm/Company	
	518 Skyline	Blud Address	
		CU FI 33991 ity/State and Zip Code	
_	<u> Delectrical Ser</u> E-mail address: (to be	vices 110 O) 9 mail. com	on)
	erning this matter, please call:		
Kerby Jos Name of Per	ep h	at (<u>Z39</u>) <u>302</u> - Area Code Daytime Tel	777 Jephone Number
Enclosed is a check for the fo	dlowing amount:		
□ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & □ Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

. If amending the registered agent and/or register gent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address . Flori da	8. 10
gent and/or the new registered office address here Name of New Registered Agent:		99
gent and/or the new registered office address here Name of New Registered Agent:	- 	
gent and/or the new registered office address here	•	
	•	
	, 4	
	-	
Mailing address MAY BE A POST OFFICE BOX)		
nter new mailing address, if applicable:		
THEIRIN OFFICE MAINESS MOST BE A STREET THE	78(3))	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADI		
nter new principal offices address, if applicable:		
ne new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
. If amending name, enter the new name of the li	mited liability company here:	
his amendment is submitted to amend the following:		
lorida document number <u>L23 000986</u>	<u>yz</u> .	
1 ~ 1 / 11/4/1/10 / 1	Company were filed on <u>OZ 120 128</u> Ge	223 and assigned
he Articles of Organization for this Limited Liability		
ne Articles of Organization for this Limited Liability	ida Limited Liability Company)	

New Registered Agent's Signature, if changing Registered Agent:

TT

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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 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
AMBER MGR	Kerby Joseph	518 Skyline Blud	= Add
		Cape coral Fl 33991	
			DChange
AR	Manuella Dulcio	518 Skyline Blud	Eadd
		Cape coral F133991	□Remove
			□Change
			□Add
			□Remove
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f an effec <u>Note:</u> H	te date, if other than the date of filing:
record 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.
Datad	March 10 . 2023.
i Aileu _	\
imied _	Signature of a member or authorized representative of a member