23000109167

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Amp	S & Lands Name of Limit	ELECTRICAL ted Liability Company	Solution LLC
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Joshua !	Shuck Name of Person	······································
		Firm/Company	
	<i>C</i> C 1	•	nn
		SPFing brook	KD
	Havara F	=L 32333	
	Amps and E-mail address: (City/State and Zip Code Lamps FLF (Code to be used for future annual report notions)	gnail.com
For further information (concerning this matter, please ca		
JoShua Name	Shuck of Person	at (<u>RSO</u>) <u>44</u> Area Code Daytim	3-7562 e Telephone Number
Enclosed is a check for	he 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 Addra Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

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

AMPS & Lamps Electrical Solution L.L.
(Name of the Limited Liability Company as it now appears on our records.) MAR 17

(A Florida Lin	•	
The Articles of Organization for this Limited Liability Comp	pany were filed on	3-1-2023 and assigned
Plorida document number <u>L13000109167</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</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 re	cords, enter the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
in the state of th	Enter Flor	ida street address
		, FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agents.	iplete performance of nt as provided for in C	my duties, and I am familiar with and 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	<u>Address</u>	Type of Action
MBR	Joshua Raymond Shu	ur 551 Springbroom Ro	Havara FL. 32333
			☐Change
			□Add
			□Remove
			□Change
			🖸 Add
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Note: If the da	, if other than the date e is listed, the date must be s the inserted in this block d fective date on the Depart	loes not meet the app	neable stauttory in	more than 90 days after the first than 90 days after the first than 50 day	onal) r filing.) Pursuant to 605.0 is date will not be listed
e record specifi rd is filed.	es a delayed effective dat	e, but not an effective	e time, at 12:01 a.n	n, on the earlier of: (o) The 90th day after
Dated <u>3 —</u>	17-2023	·	<u></u> .		
	JOHN Sign	attire of a membeof at	ithorized representat	ive of a member	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00