## 12300119048

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Page 5 - 1014

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## COVER LETTER.

TO: Registration Se Division of Cos				
	Electrical Services, LLC		•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kenneth Criscione			
		Name of Person	<del></del>	
	Criscione Electrical Service	ces, LLC		
	<del></del>	Firm/Company		
	91 Edward Drive			
		Address		
	Palm Coast, FL 32164			
		City/State and Zip Code		
	ken@criscione.biz			
	E-mail address: (	to be used for future annual repo	rt notification)	
For further information of	concerning this matter, please c	all:		
Kenneth Criscione		203 913-04	78	
Name o	of Person		Paytime Telephone Number	
Enclosed is a check for the	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 Address		Street Addre		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632			of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Criscione Electrical Services, LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability C	Company were filed on 3-18-23		_ and assigned
Florida document number 1.23000119048	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
he new name must be distinguishable and contain the words "Lim	sited Liability Company." the designation	"LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	2024
Principal office address MUST BE A STREET ADDI	RESS)	1.11	
			<u>U1</u>
		^m	<b>全</b>
Enter new mailing address, if applicable:		) -1	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			20
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name o	f the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	nddrass	
	izner vioruui sireet		
	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>	Type of Action
MGR	Leanne Venezia	91 Edward Dr, Palm Coast, FL 32164	□Add
			■Remove
			□Change
<del></del>			□Add
			Remove
			□Add
		<del></del>	□Remove
		<del></del>	□Change
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TOLE:	ive date, if other than the date of filing:  5-1-24  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recor Lis fil	d 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 led.
ated	May 1 2024
aicu	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00