

L23000 Kd348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

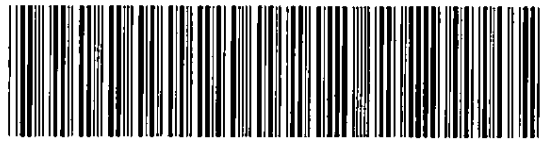
(Document Number)

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J. HORNE
JAN - 9 2025

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01/09/25--01002--002 **25.00

FILED

2025 JAN - 9 AM 10:50

2025 JAN - 9 PM 10:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOMENTUM ELECTRICAL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Bolden
Name of Person

MOMENTUM ELECTRICAL LLC
Firm/Company

211 BRADFORD DR
Address

TALLAHASSEE FL 32305
City/State and Zip Code

flabusinessman3@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Bolden at (850) 339 4250
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:

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

FILED

2025 JAN -8 AM 10:49

Momentum Electrics LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/31/23 and assigned
Florida document number L23000161348

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

North Florida Electric Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

816 Apache St
Tallahassee FL 32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robbie Chavers

New Registered Office Address:

816 Apache St

Enter Florida street address

Tallahassee

City

Florida

Zip Code

32301

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.

Robbie Chavers

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

1.

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
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| MGR | Robbie Chavers | 816 Apacher St | <input checked="" type="checkbox"/> Add |
|-----|----------------|----------------|---|

| | | | |
|--|--|----------------------|---------------------------------|
| | | Tallahassee FL 32301 | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |
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|-----|-----------------|-------------|---|
| MGR | Daniel T Dalton | 173 Wood St | <input checked="" type="checkbox"/> Add |
|-----|-----------------|-------------|---|

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|--|--|----------------|---------------------------------|
| | | Perry FL 32348 | <input type="checkbox"/> Remove |
|--|--|----------------|---------------------------------|

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| | | | <input type="checkbox"/> Change |
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| | | | |
|-----|---------------|--------------|---|
| MGR | Edward Bolden | 211 Bragg Dr | <input checked="" type="checkbox"/> Add |
|-----|---------------|--------------|---|

| | | | |
|--|--|----------------------|---------------------------------|
| | | Tallahassee FL 32305 | <input type="checkbox"/> Remove |
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[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated 11/8 25

Edmund Bolton
Signature of a member or authorized representative of a member

Edward Bui
Typed or printed name of signee

Filing Fee: \$25.00