

L23000195402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

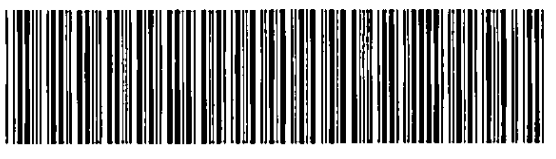
(Business Entity Name)

(Document Number)

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09/05/23--01001--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL
CORPORATION
TALLAHASSEE, FLORIDA

2023 SEP - 1 PM 3:40 2023 SEP - 1 PM 2:34

FILED RECEIVED

SEP - 1 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Collier County Electric 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:

Ruven Vargas
Name of Person

Firm/Company

8910 Williams Circle
Address

Naples, FL 34120 Suite 4408
City/State and Zip Code

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

For further information concerning this matter, please call:

Ruven Vargas at (312) 505-7517
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

Collier County Electric LLC

2023 SEP -1 PM 3:40

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 4-20-2023 and assigned
Florida document number L23000195402

This amendment is submitted to amend the following:

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

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)

4910 Williams Circle
Naples, FL 34120
Suite 4408

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:

Ruven Vargas

New Registered Office Address:

Enter Florida street address

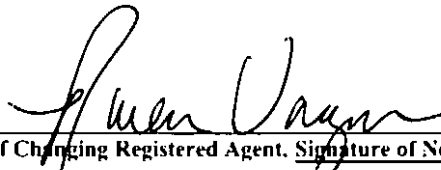
Florida

City

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>	<u>Type of Action</u>
AMBR	Victor Vargas	1904 Winslow Lane	<input type="checkbox"/> Add
		Northport, FL	<input checked="" type="checkbox"/> Remove
		34286	<input type="checkbox"/> Change
AMBR	Ruven Vargas	4910 Williams Circle	<input checked="" type="checkbox"/> Add
		Naples, FL 34120	<input type="checkbox"/> Remove
		Suite 4408	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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