## L23000195402

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

SEP - 1 2023

## COVER LETTER -

TO: Registration Section Division of Corporation			
SUBJECT: C 6/1/18	r County El Name of Limi	lectric LLC	<del>.</del>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Ruven Vara	S Name of Person	
	-	Firm/Company	<del></del>
	8910 Willian	ns Circle	
	Naples, FL	34120 Suite 4 City/State and Zip Code	408
-	ruven@ccelf	orida.com to be used for future annual report notifi	cation)
For further information conc	erning this matter, please co	ıll:	
Ruven Vara	a S tson	at ( <u>312</u> ) <u>505 – 3</u> Area Code Daytime	7517 Telephone Number
Enclosed is a check for the f	ollowing 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 Sec Division of Corp P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Collier County Elec	tric LLC 2023 SEP-1 PM 3: 40	
(Name of the Limited Lability Compa (A Florida Limited L	ny as it now appears on our records.	
Collier County Elec  (Name of the Limited Lability Compa (A Florida Limited L  The Articles of Organization for this Limited Liability Company)	were filed on 4-20-2023 and assigned	
Florida document number <u>L 23000/95402</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	4910 Williams Circle Naples, FL 34120 Suite 4408	
(Principal office address MUST BE A STREET ADDRESS)	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 a agent and/or the new registered office address here:	uddress on our records, <u>enter the name of the new registe</u>	
Name of New Registered Agent: Ruven	Vargas	
New Registered Office Address:	3	
	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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>	Address	Type of Action
AMBR	Victor Vargas	1904 Winslow Lane	□Add
		1904 Winslow Lane Northport, FL	Le Remove
		34286	
AMBR	Ruven Vargas	4910 Williams Circle	(SAdd
	,	Naples, FL 34120	
		Suite 4408	
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
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ffactiv	date, if other than the date of filing: (optional)
t an effe Note:   1	we 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 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
record d is file	occiñes a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
)ated _	Signature of a member or authorized representative of a member  Ruven Vargas  Typed orbrinted name of signee
	-1/40 1/04 -
	Much Cagu
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00