# 230031633

(Requestor's Name)					
(Address)					
(Address)					
(riddless)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400420516604

12/22/23--01017--004 \*\*25.00

# **COVER LETTER**

TO: Registration S Division of Co		•		٠.	
ELECWA SUBJECT:	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Alexander Stolyarov				
	ELECWA LLC				
		Firm/Company			
31612 Bearded Oak Dr					
		Address	***		
	Wesley Chapel, FL 33543				
	alalstol@gmail.com	City/State and Zip Code		2023 DEC 22 \$有别五次别	कर्णम्
	E-mail address: (t	to be used for future annual report notifi	cation)	品品	erectors:
For further information	concerning this matter, please ca	all:			ànd.
Alexander Stolyarov		951 2411681 at ( )		SOF R	i a
Name	of Person		Telephone Number	2: 15	
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)	Certified (	e of Status &	

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

ELECWA 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 tiled on July 03, 2023 and assigned Florida document number \_\_\_\_L23000316330 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) 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 re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_

## 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 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 Actio	<u>on</u>
AMBR	Alexander Stolyarov	31612 Bearded Oak Dr, Wesley Chapel, FL 33543	<b>=</b> Add	
			□Remove	
			□Change	
<del></del>			□Add	
			□Remove	
			□Change	
			□Add	
			120 Add	MO
			Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			Remove	
		<del>-</del>	□Change	