

L23000528800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

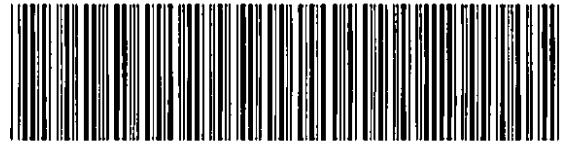
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations.

SUBJECT: Electric & More 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:

Justin Edwards
Name of Person

Firm/Company

18416 Pioneer Road
Address

Ft Myers, Florida 33908
City/State and Zip Code

edwards.mikefl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Edwards at (239) 494 2744
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELECTRIC & MORE 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 11-27-23 and assigned
Florida document number L23000528800.

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)

18416 Pioneer Road
FT. MYERS, FLORIDA 33908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18416 Pioneer Road
FT. MYERS, FLORIDA 33908

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:

Justin Edwards

New Registered Office Address:

18416 PIONEER Road

Enter Florida street address

FT MYERS
City

Florida

33908
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>
MGR	EDWARDS Jonathan	5664 Tank Rd	<input type="checkbox"/> Add
		Fort Myers Florida 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDWARDS Justin	18416 Pioneer Rd.	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE, FL

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OFFICE OF THE
SHERIFF
KALAMAZOO COUNTY

2074 JAN 16 AM 10:21
STATE
PALM BEACH, FL

10

1-11-24

(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

01/11/2024

Dated

1-11-24

Signature of a member or authorized representative of a member

Justin Edwards
Typed or printed name of signee