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## **COVER LETTER**

TO: Registration Se Division of Cor		• • •	i ne
CHRIDAN	Electrical Services, Ilc.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Glenn A. Steele Jr.		
		Name of Person	
	Powerpro Electrical Service	ces, Ilc.	
		Firm/Company	
	42 Ulysses trail		
		Address	<del></del>
	Palm Coast, Florida, 3216	4	
		City/State and Zip Code	
	Glenn@powerprosvs.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all;	
Glenn A. Steele Jr.		386 986-8178	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	2024 A SECH TAL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 8 to Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Powerpro Electrical services, Ilc.

company has been notified in writing of this change.

(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited L Florida document number L24000093468		were filed on $\frac{02-22-2}{2}$	2024 and assigned			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		42 Ulysses trail				
(Principal office address MUST BE A STREET ADDRESS)		Palm Coast, Florida 32164				
Enter new mailing address, if applicable:		42 Ulysses trail				
Mailing address MAY BE A POST OFFICE BOX)		Palm Coast, Florida 32164				
B. If amending the registered agent and/or agent and/or the new registered office addressed of the new Registered Agent:			ds, enter the name of the new registe			
New Project and Office Address	42 Ulysses trai	1				
New Registered Office Address:	Enter Floridu street address					
	Palm Coast,		Florida 32164 22			
		City	Zip Gayle			
New Registered Agent's Signature, if changing	Registered Agent:		TO 1 promis			
I hereby accept the appointment as register	ed agent and agr		3> ^, <del>-</del> :			

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

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Glenn A. Steele Jr.	42 Ulysses trail, Palm Coast, Fl 32164	□Add
			□Remove
			<b>■</b> Change
			□Add
			□Remove
			□Change
<del></del>			□Add
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ffective date, if other than th	e date of filing	J•		(optic	nal)		
an effective date is listed, the date mu	st be specific and	cannot be prior t	o date of filing or r	nore than 90 days after	filing.) Pursu	ant to 605	5.020
lote: If the date inserted in this be ocument's effective date on the I			ble statutory filii	ng requirements, this	date will no	ot be list	ea a
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record specifies a delayed effecti	ve date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier of: (b	လ စြဲ∮င့်ခွ်dT (	da∰afte	r the
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