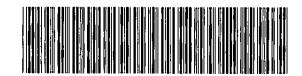
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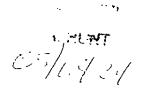
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nate's Electrical and Lighting Services, 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:
<u>Nathanie</u> <u>Carpenter</u> Name of Person
Note's Electrical and Lighting Services, Ll
6342 Oak Square East
Lakeland, FL 33813 City/State and Zip Code
E-mail address: (to be used for found annual report notification)
For further information concerning this matter, please call:
Name of Person at (803) 409.5037 3
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida City Zip Code	· · · · · ·
Name of New Registered Agent:		
Name of New Registered Agent:		-
	-:	
	- :	
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	audi ess on our records, enter the name of the new	regi
If amending the registered agent and/or registered office.	address on our resords enter the name of the second	
ailing address MAY BE A POST OFFICE BOX)		-
ter new mailing address, if applicable:		
	·	
cincipal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33813	
ter new principal offices address, if applicable:	6342 Oak Square Ed	15
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.I	C."
Nothan Carperter, LLC new name must be distinguishable and contain the words "Limited Liabi		
If amending name, enter the new name of the limited liab		
is amendment is submitted to amend the following:		
rida document number <u>L24000119752</u>		

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 Action
AMBR	Clarissa A. Carpente	Lakeland, FL 33813	DAdd
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m effective ote: If the	ate, if other than date is listed, the date date inserted in th effective date on th	is block does r	ic and cannot be pri- not meet the appl	or to date of filing of icable statutory fi	more than 90 days	optional) after filing.) F , this date w	tursuant to 605.02 ill not be listed a
ecord spe is filed.	cifies a delayed effe	ective date, but	t not an effective	time, at 12:01 a.n	a, on the earlier o	f: (b) The (90th day after th
	5/10		_ 202	<u>+</u> .			
ted	· · · · ·	1 \					