

L24000439199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

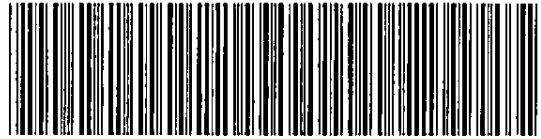
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEC Electrical Contracting Inc.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Fink

Name of Person

Capital Corporate Services Inc.

Firm/Company

515 East Park Avenue, 2nd Floor

Address

Tallahassee FL 32301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Parker

904

345-4529

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee



☐ \$55 Filing Fee & Certified Copy

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

AEC Electrical Contracting, 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 10-16-24 and assigned
Florida document number L24000439199.

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)

4600 Touchton Road

Bldg 200, Suite 100

Jacksonville, FL 32246

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:

New Registered Office Address:

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 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 add 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	Wally Budgell	4600 Touchton Road	<input checked="" type="checkbox"/> Add
		Bldg 200, Suite 100, Jacksonville FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MG	Michael Beaver	4600 Touchton Road	<input checked="" type="checkbox"/> Add
		Bldg 200, Suite 100, Jacksonville FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Charles Carter	7005 Lloyd Rd West	<input type="checkbox"/> Add
		Jacksonville FL 32220	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Kenneth Wayne Alderman	7005 Lloyd Rd West	<input type="checkbox"/> Add
		Jacksonville FL 32220	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Eugene B Crossway	7005 Lloyd Rd West	<input type="checkbox"/> Add
		Jacksonville FL 32220	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

(If an effective 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 605.0207 (3)(l)

Dated November 1, 2024

Typed or printed name of signee