L16000117807

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (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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Office Use Only

10/21/20

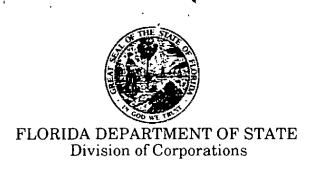


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2020 OCT 21 AM 9: 09
SECRETARY OF STATE
TALL A HASSEE, FL

10/22/20 OL



October 9, 2020

ANGEL L. CARDONA 301 GLADESDALE ST. HAINES CITY, FL 33844

SUBJECT: AC ELECTRIC OF CFL, LLC

Ref. Number: L16000117807

We have received your document for AC ELECTRIC OF CFL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit all pages for filing. Page 3 of 3 is missing. All pages must be returned in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 820A00019785

RECEIVED
OCT 2 1 2020

COVER LETTER .

| Division of Corporations | | • |
|---|---|--|
| SUBJECT: ACE/ectric (| OF CFL LLC of Limited Liability Company | . · |
| The enclosed Articles of Amendment and fee(s) ar | re submitted for filing. | |
| Please return all correspondence concerning this m | natter to the following: | |
| Angel L | . Cardona Name of Person | |
| AC Elect | Firm/Company | |
| 301 G/ac | desdale St. Address | |
| | City, FL, 33844 City/State and Zip Code | |
| A CElect E-mail addi | ress: (to be used for future annual report noti | fication) |
| For further information concerning this matter, ple | ease call: | |
| Angel L. Cardona Name of Person | at (863) 210- Area Code Daytim | 3880 e Telephone Number |
| Enclosed is a check for the following amount: | | |
| ■ \$25.00 Filing Fee & Certificate of State | _ | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | Street Address: | |

TO:

Registration Section

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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| ACElectric OF | CFL. | L2C | 2020 OCT 21 | AM 9: 09 |
|---|--------------------------------------|---|-------------------------|-----------------------|
| ACE/ectric OF (Name of the Limited Li (AFI | iability Compan lorida Limited Li | | . 73-6-6311773 | J J (L.) |
| The Articles of Organization for this Limited Liabili | ity Company v | were filed on 6 | 17/16 | _ and assigned |
| Florida document number <u>L 160001178</u> | 807 | · · | | - |
| This amendment is submitted to amend the following | ıg: | | | |
| A. If amending name, enter the new name of the | limited liabil | ity company here: | | |
| The new name must be distinguishable and contain the words | "Limited Liabilit | ty Company," the designa | tion "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | : | 204 Teri | race Rid | ge circle |
| (Principal office address MUST BE A STREET AI | DDRESS) | 204 Teri Davenpo | ct Fl. 3 | 3896 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | Q | | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | | idress on our record | s, enter the name | of the new registered |
| | | cdo L. Co | | |
| New Registered Office Address: | 204 Te | Errace R Enter Florida str | idge Cir | cle |
| | Daven | errace R Enter Florida sin Port City | , Florida <u>3</u> | 3896 Zip Code |
| N 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | _ | - | | |

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.

Columned La Conclora

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> | Name | Address | Type of Action |
|--------------|--------------------|--|----------------|
| AMBR | Edwardo L. Cardona | 204 Terrace Ridge circle Davenport FL.33896 | □Add |
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| an effec <u>ote:</u> E | e date, if other than the date of filing: |
| is file | |
| ited _ | 10/15/20 |
| | 10/15/20 Angel L. Cardonn Signature of a member or authorized representative of a member |
| | |