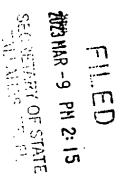


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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wrong form
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03/09/23--01017--008 **35.00





May 6, 2023

RICHARD MATHUA AC ELECTRIC OF CAPE CORAL LLC 1085 BUSINESS LANE SUITE 9 NAPLES, FL 34110

SUBJECT: AC ELECTRIC OF CAPE CORAL, LLC

Ref. Number: L15000200859

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6923.

Letter Number: 323A00010238

RoseAnn Varnadore Chief, Commercial Information Services

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations										
SUBJECT: AC Electric of Cape Coral, 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:										
Michael Muthura Name of Person										
AC Electisc of Cape Coral, LLC Firm/Company										
1085 Business Lane, Suite 9										
City/State and Zip Code										
For further information concerning this matter, please call:										
Melissy Johnson at 239 597 - 1789 Name of Person Area Code Daytime Telephone Number										
Name of Person Area Code Daytime Telephone Number										
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 Certificate of Status & Certified Copy										
(additional copy is enclosed) Certified Copy (additional copy is enclosed) WHY ENCLOSED										
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303										

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

AC Electri	c of Cape	Coral, LL	·
(Name of the Limited	d Liability Company as A Florida Limited Liabili	it now appears on our reco ty Company)	<u>rds.</u>)
The Articles of Organization for this Limited Lia Florida document number <u>L1500020</u>		filed on 12/01/2	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability o	company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Co	mpany," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		<u> </u>
Enter new mailing address, if applicable:			MAR-9 PH
(Mailing address MAY BE A POST OFFICE B	<u></u>	· · · · · · · · · · · · · · · · · · ·	7 STAT
B. If amending the registered agent and/or reagent and/or the new registered office address		ess on our records, <u>ente</u>	:n
Name of New Registered Agent:	Melissa	Johnson	
New Registered Office Address:	same	Enter Florida street addr	
		, I	Florida Zip Code
New Degistered Agent's Signature if changing Re	paistered 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>	Address	Type of Action
Mgr	Jon Sklarczyk	1085 Business lane	□Add
		Suite 9	XRemove
		Suite 9 Naples, FL 34/10	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
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			□Change
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		 -	□Add
			□Remove

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Effective of	date, if other t	han the d	ate of fili	ng:					(optic	onal)		
Note: If th	e date is listed, the ne date inserted	in this bloc	ck does not	meet the	applicab	date of fil le statute	ing or mo	re than 90 requiren	days after ients, this	filing.) Po date wi	ursuant to 60 II not be lis	5.0207 (sted as ti
document's	s effective date	on the Dep	artment of	'State's re	ecords.							
he record spectord is filed.	ecifies a delayed	l effective	date, but n	ot an effe	ctive time	e, at 12:0) I a.m. oi	n the earl	ier of: (b) The 9	Oth day aft	er the
Dated	May	18+1	$\frac{1}{2}$., <u>20</u>	123							
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