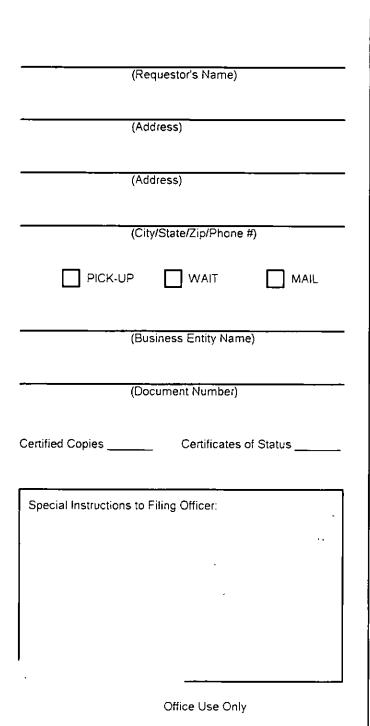
## L15000094627



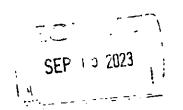




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TILED
SECRETARY OF SIME



## **COVER LETTER**

Tallahassee, FL 32314

TO: Registra Division		tion orations		
Mire SUBJECT:	on Electr	ie LLC		
SUBJECT:		Name of Lim	ited Liability Company	-
The enclosed Arti	icles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all c	orrespon	dence concerning this matter	to the following:	
		Alexander Miron		
			Name of Person	<del> </del>
		Miron Electric LLC		
			Firm/Company	
		204 NW 4TH ST		
		<u> </u>	Address	
		Cape Coral FL 33993		
		miron.electric@yahoo.com	City/State and Zip Code	<del> </del>
		E-mail address: (	to be used for future annual rep	port notification)
For further inform	nation co	ncerning this matter, please co	all:	
Yusimi Sousa			786 553 7	
_	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a chec	ck for the	following amount:		
<b>■</b> \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registr			Street Add	
Registration Section Division of Corporations		-	on Section of Corporations	
P.O. Bo				re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miron Electric LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 05/29/2015	and assigned
Florida document number L15000094627		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Miron Electric & Construction I.I.C		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u>.</u> .	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<b>202</b> 4
		AR T
Inter new mailing address, if applicable:		25 P
Mailing address MAY BE A POST OFFICE BOX)	_	SSS.
		75 Z
3. If amending the registered agent and/or registered offi	ce address on our records, enter the	
gent and/or the new registered office address here:	·	
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street address	
	. Floriç	ła
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Yusimi Sousa	204 NW 4TH ST Cape Coral FL 33993	<b>⊒</b> Add
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			☐ Change
			□Add
			□Remove
		<del></del> -	□Change
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Note: 1	re date, if other that ctive date is listed, the da f the date inserted in nt's effective date on	this block does not m	reet the applicabl	date of filing or more the statutory filing rec	(optiona an 90 days after filin uirements, this dal	l) g.) Pursuant to 605.02 te will not be listed	07 (3)( as the
the record ecord is file	specifies a delayed e d.	ffective date, but not	an effective time	e, at 12:01 a.m. on th	e earlier of: (b)	The 90th day after th	e
Dated _	April 22	1	2024				
Dated _			<i>j</i>				
		/	r				

Typed or printed name of signee