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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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		ration Section of Corpo		`						
SUDIEC		nange of Ad	dress for: MIAMI ELECT	TRIC MASTERS, LLC						
SUBJEC	1		Name of Lin	nited Liability Company						
The enclo	sed A	rticles of Ar	nendment and fee(s) are sub	omitted for filing.						
Please ret	urn all	correspond	ence concerning this matter	to the following:						
			Ye Zhang							
				Name of Person						
			MIAMI ELECTRIC MAS	TERS, LLC						
	Firm/Company									
			8950 SW 74th Ct #1612							
				Address						
			Miami, FL 33156							
				City/State and Zip Code						
			E-mail address;	(to be used for future annual report i	notification)					
For furthe	r info	mation con	cerning this matter, please c	all:						
Ye Zhang	3			786 227-6928						
	. <u> </u>	Name of P	erson	Area Code Day	time Telephone Number					
Enclosed	is a ch	eck for the	following amount:							
□ \$25.0¢	0 Filin	g Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI ELECTRIC MASTERS, I			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 08/23/2016	and assigned
Florida document number L16000158211			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	8950 SW 74th Court	
Principal office address MUST BE A STRE	ET ADDRESS)	#1612	
		Miami, FL 33156	ਰ ਜ਼ੇ
Enter new mailing address, if applicable:		8950 SW 74th Court	N (182
(Mailing address MAY BE A POST OFFICE BOX)		#1612	3 3 4 5
		Miami, FL 33156	<u> </u>
			1 2
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the n
egistered agent and/or the new registered of	ince audress her	<u>c</u> .	
Name of New Registered Agent:			
New Registered Office Address:	8950 SW 74th	Court #1612	
		Enter Florida street address	
	Miami	, Flori	
		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 or removed f	Authorized Person(s) authorized to ma	anage, enter the title, name, and address of e	ach person being added
MGR = Ma AMBR = Au	mager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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effect	tive date is listed, the da the date inserted in t	ite must be spec	ific and	cannot be	prior to da	e of filing o	r more than	90 days afte	ional) er filing.) P	ursuant to 6	05.02
umen	nt's effective date on	the Departme	nt of St	iate's rec	cords.	natutory r	mig requi	oments, m	is date wi	n not oc n	sicu i
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Typed or printed name of signee

Filing Fee: \$25.00