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TO:

Registration Section

Division of Corporations DS ELECTRICAL SERVICES LLC SUBJECT: 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: David Suarez Sanchez Name of Person DS ELECTRICAL SERVICES LLC Firm/Company 809 ASPEN RD Address West Palm Beach, FL 33409 City/State and Zip Code dselectricalusa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 217-7884 David Suarez Sanchez Daytime Telephone Number Name of Person 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) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DS ELECTRICAL SERVICES LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our r I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 08/05/2021	and assigned
Florida document number L21000352549		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility 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)		A AU
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>
		je -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>e</u>	nter the name of the new registere
New Registered Office Address:		
	Enter Florida street a	address
Nam Desistered Agent's Signature if shanging Desistered Agent	City ••	хір Соде
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	- gree to act in this capacity, te performance of my dution provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Serguei Suarez Sanchez	5625 W 20 AVE Unit 115	≣ Add
		Hialeah, FL 33012	□Remove
			□ Change
		-	□Add
		<u></u>	□Remove
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te: If the date inserted in this block does not meet the applicable statutory fi	ling requirements, this	s date will i	not be listed
cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.i	m. on the earlier of: (b) The 90t	h day after th
is filed.			
20 /21/21/21			
ned 08/24/2021			
(Sail)			
Signature of a tember or authorized representati			

Filing Fee: \$25.00