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To:

Division of Corporations

fax Number

: (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : I2012000072 Phone : (305)895-5815 : (305)895-6273 Fax Number

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POWER CURCUIT BREAKERS LLC

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K. Brumbley

To: '18506176383@RCFAX.COM'Fax: (850) 617-6383

Mas VUL & W1 131

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWER CIRCUIT BREAKERS LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 06/17/2022	and assigned
Florida document number L22000276767		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		-,,,,
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	
agent and/or the new registered office address nere:		2023
Name of Name Desirated Assess		TEST AL
Name of New Registered Agent:		
New Registered Office Address:		2 E86
	Enter Florida street address	
	, Florid	
	City	Zip Q ode

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.

From: DAVITA SYFERT

Fax: 13058956273

To: '18506176383@RCFAX.COM'Fax: (850) 617-6383

Page: 4 of 5

08/02/2023 4:40 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: ## 23 000 269 1313

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTOPHER MUNOZ	4000 TOWERSIDE TERR STE 410	□Add
		MIAMI FL 33138	□Remove
			☐ Change
			□Add
			□Remove
			□ Change
		**************************************	□Add
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f an ef Note:	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
rd is f	
rd is f	Church Mund
	August 2 2023 Signature of a member or authorized representative of a member

Filing Fee: \$25.00