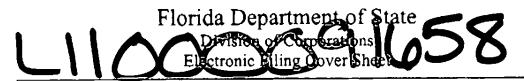
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180 Fax Number : (305)591-9167

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

Email Address: Info@ Jelenaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

D & R ELECTRICAL CONTRACTOR LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

22 FEB 15 PM 3: 36

APPROVED AND FILED

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & R ELECTRICAL CONTRACTOR LLC (Name of the Limited Liability Con (A Florida Limite	npany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number L11000091658	ny were filed on $\frac{08/107}{2}$	2011	and assigned
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 design	nation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2022 FEB FILE
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our reco	ords, enter the name	of the pew registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and	agree to act in this cap	pacity. I further agr	ee to comply with the

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 smending 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	IRONIES VICTORIA PUTCHIE	1875 NW 190 TERRACE	🗖 Add
		MIAMI GARDENS, FL 33056	□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			Remove
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Mective date, if other than the	block does not	t meet the appli	icable stanttory nii	more than 90 days afing requirements, t	tional) ler filing.) Pursuant to his date will not be	605.0207 listed as
Note: If the date inserted in this blocument's effective date on the l						
Note: If the date inserted in this to locument's effective date on the learning are record specifies a delayed effection.		not an effective	time, at 12:01 a.m	on the earlier of:	(b) The 90th day	after the
Note: If the date inserted in this t	ive date, but n	not an effective	time, at 12:01 a.m	, on the earlier of:	(b) The 90th day	after the
Note: If the date inserted in this to document's effective date on the large record specifies a delayed effection is filed.	ive date, but n	_, 2021	·	on the earlier of:		after the

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