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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ECT:	Sen	ion Electric Ll	
	<del></del>	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	idence concerning this matter	to the following:	
			Day Phillips Name of Person	
		Schi	M Electric Firm/Company	
		140 Luc	Address  tz Fl. 33  City/State and Zip Code  OC Phillip IIC to be used for future andual report no	EVA Rd.
		<u> </u>	Fz Pl. 33	548
		Dolle 1	Oc Phillip //c	- (OM)
For fur	ther information co	neerning this matter, please co		
	Dahl Name of		at ( <u>81)</u> , <u>24</u>	T-66/1
	Name of	TCISOII	Area Code Dayin	ne receptione (value)
Enclos	ed is a check for the	e following amount:		
<b>59</b> \$2	5,00 Filing Fee	S30.00 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)
	Registra Division P.O. Bo	NG ADDRESS: tition Section it of Corporations x 6327 ssee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Sonion Electric CLC
(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number <u>L DOO</u> O	Liability Company were filed onand assigned 207226
This amendment is submitted to amend the fol	lowing:
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	E BOX)
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on our records, <u>enter the name of the new</u> office address here:
Name of New Registered Agent:	Dahl Phillips
New Registered Office Address:	140 West Lite Gla Fern M.  Enter Florida street address
	WR Florida 335748
New Registered Agent's Signature, if changing	
provisions of all statutes relative to the pro accept the obligations of my position as reg	red agent and agree to act in this capacity. I further agree to comply with the oper and complete performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S. Or if this document is registered office address, I hereby confirm that the limited liability is 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> **Address** Type of Action Dull Phillips 17d2 Kaybridge Point Dive BADD MGAM LUL Pl. 33548 \_\_ Remove Rodriquez, Denisty. 10422 Flagstafffalls AUT - Add MEAM. RIVER VICW Pl. 33578 DREMOVE ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ान्य हैं। c .... □ ikemove ☐ Change □ Remove Change

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reco The 9	ord specifies a 90th day after	a delayed effeor the record is	cti <b>ve</b> date, fi <b>le</b> d.	but not an ef	fective time	, at 12:01 a.m		arlier of
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		Signati	ite of a member	er or authorized re	presentative of a	nember		

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Filing Fee: \$25.00