## L12000089347





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COVER LETTER

	O: Registration Section Division of Corporations			
SUBJECT:	COPPER ELECTRI	CAL SOLUTIONS, LLC		
3065661.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Gu	stavo A. Serrano Bauza		
		Name of Person		
	S	C Global Advice LLC		
		Firm/Company		
	261 N university Drive, So	uite 500		
	· · · · · ·	Address	· <del>-</del>	
	Plantation, FL 33324			
	admon@segadvice.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report no	ntification)	
For further information c	oncerning this matter, please c	all:		
Gustavo A. Serrano Bau	za	954 612-8010 at ( )	1	
Name o	f Person		me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing 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 Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG -3 PM 3: 51 COPPER ELECTRICAL SOLUTIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

IALLAHASSE July 10, 2012 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned Florida document number \_\_\_L12000089347 This amendment is submitted to amend the following: A. If amending name, enter the new name 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

DocuSign Envelope ID: 96A2E655-C8AA-4806-B34F-C56215ECDDBF in amenting Authorized rerson(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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ARENAS NOVEL, CARLOS E	261 N University Dr. Suite 500,	□Add
		Plantation, FL 33324	■Remove
			□Change
MGR	SANCHEZ ARENAS, MARIO J	261 N University Dr. Suite 500	□Add
		Plantation, FL 33324	□Remove
			<b>≘</b> Change
			⊡Add
			□Remove
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Mective date lifet	ther than the date of filing: June 19, 2023 (optional)	
an effective date is list	ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan	nt to 605.0207
	erted in this block does not meet the applicable statutory filing requirements, this date will not adde on the Department of State's records.	be listed as
record specifies a de is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ay after the
is filed.		
ated	June 19 . 2023 .	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	SANCHEZ ARENAS, MARIO J	
	Typed or printed name of signee	<del></del>

Filing Fee: \$25.00