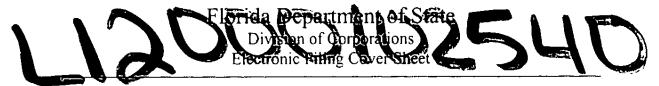
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169 Fax Number : (239)418-0048

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL AMPS ELECTRIC LLC

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Fax: +12394180048

To: Sunbiz efile account (LLC) Fax: +18506176383

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COVER LETTER

istration Sec ision of Corp	oorations		
All Amps El	lectric LLC		
	Name of Lim	ited Liability Company	
Articles of A	Amendment and fee(s) are sub	mitted for filing.	
all correspon	ndence concerning this matter	to the following:	
	Michael A. Scott		
		Name of Person	
	Dorcey Law Firm		
		Firm/Company	
	10181 Six Mile Cypress Pl	kwy, Suite C	
		Address	
	Fort Myers, FL 33966		
		City/State and Zip Code	
			
formation co		•	iteation)
Scott		239 308-1073	
Name of	Person	Area Code Daytim	e Telephone Number
check for the	e following amount:		
iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	All Amps E Articles of / all correspond formation contents Name of	All Amps Electric LLC Name of Lim Articles of Amendment and fee(s) are sub all correspondence concerning this matter Michael A. Scott Dorcey Law Firm 10181 Six Mile Cypress P Fort Myers, FL 33966 support@dlfregisteredagent E-mail address: (formation concerning this matter, please c. Scott Name of Person check for the following amount: iling Fee	All Amps Electric LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Michael A. Scott Name of Person Dorcey Law Firm Firm/Company 10181 Six Mile Cypress Pkwy, Suite C Address Fort Myers, FL 33966 City/State and Zip Code support@dlfregisteredagent.com E-mail address: (to be used for future annual report noting formation concerning this matter, please call: Scott Name of Person at (239 308-1073) Area Code Daytim check for the following amount: iling Fee \$\square\$ \$30.00 Filing Fee & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: Joshua Dorcey

Fax: +12394180048

company has been notified in writing of this change.

To: Sunbiz efile account (LLC) Fax: +18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Amps Electric LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 08/09/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.IC."
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 a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	r.mer r tortaa street aaare	233
	F	lorida
New Registered Agent's Signature, if changing Registered Agent:	Cay	zy (me
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, a	and I am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

Fr	a m	(4:	C 5	hua	D OT	cey	
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n: Joshua Dorcey Fax: +12394180048 To: Sunbiz effile account (LLC) Fax: +18506176383 Page: 6 of 7 01/13/2025 8:46 PM (((17.20000103)143)))

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>	<u>Name</u>	Address	Type of Action
MGR	Angela Prescott		∃ ∧dd
			Remove
			Change
			□Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			□Add
			Remove
	 		🗆 Add
			Remove
			☐ Change
			🗆 Add
			□ Remove
			□ Change

Fax: +12394180048

-	
<u>(ote:</u> If the da	e, if other than the date of filing:
record specifi I is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	
<u>/s/</u>	Tyrone Prescott
	Signature of a member or authorized representative of a member
Tyr	one Prescott