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Office Use Only



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2023 SEP - 1 Alt 7: 69



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Com			*
SUBJECT: M	S Electric	· UC	
<u></u>	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
		Name of Person	
		Firm/Company	
	8676 Caps	itone Ranch Dr.	
	· ·	Address	
	New Port Riv	chey FL 3465	55
	Mde I il	City/State and Zip Code	
	E-mail address: (to	IC 2013 @ 1000d. Co be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	It:	
Kristi	inc Vina	.711 U23.	.7725
Name of	Person Person	at (121) 755 Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 Address Registration S		Street Address: Registration Sect	ion
Division of Co		Division of Corp	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDS Electric LC 2023 SEP - 1 Att 7:05

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/28/2013}{1000031057}$ and assigned
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter 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 gent and/or the new registered office address here: Name of New Registered Agent:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida
City Sip Code
City Zip Code [ew Registered Agent's Signature, if changing Registered Agent;

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
16 R	Kristina King	1425 Hayerhill Dr.	
		1425 Haverhill Dr. New Port Richey FL 34655	□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
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an effective lote: If the	date is listed, the date inserted i	han the date of the date must be specified this block does on the Department	fic and cannot be p not meet the app	plicable statutor	ng or more than 90 ry filing requiren	(optional) days after filing.) Pur tents, this date will	suant to 605.0207 not be listed as
		delayed effecti the record is fi		not an effec	tive time, at :	12:01 a.m. on	the earlier of
ated	iugust	23 ///	<u>202</u>	3			
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