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D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:EU	ELECTRICAL	SERVICES. LLC	
		nited Liability Company	······································
The enclosed Articles of Art	nendment and fee(s) are sul	bmitted for filing.	
Please return all corresponde	ence concerning this matter	r to the following:	
	Eduardo	Urguza Name of Person	
		•	
	EU ELE	CTRICAL SERVICES	uc
	,	Firm/Company	
	11925 5	w 9Ln	
		Address	· · · · · · · · · · · · · · · · · · ·
	Miami 1		
		City/State and Zip Code	· O har a a sa
	E-mail address:	eu electrical sel	vices ayahov.com
For further information conc		•	cation) / 2: 23
Eduard	o Urquiza	at (786) 238 00 Area Code Daytime	Telephone Number
Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
\$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the I im	ECHICAL SERVICES LLC
(Trimine of the Dilli	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	Liability Company were filed on $\frac{10/18/20/3}{20/3}$ and assigned
This amendment is submitted to amend the fol	llowing:
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 "L.L.C."
Enter new principal offices address, if appli	icable: 11925 SW 9 Ln EET ADDRESS) Higwi F 33184
Principal office address MUST BE A STRE	SET ADDRESS) MIQUI F/33/84
From now mailing address of annits the	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on our records, enter the name of the office address here:
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address on our records, enter the name of the office address here: Jose Luis Dian Tejera
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	Jose Luis Dian Tejera 14374 SW 96 Ln
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address on our records, enter the name of the office address here: Jose Luis Dian Tejera

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.

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

Title	Name	Address	Type of Action
MGR	José huis Diaz Tejera	14374 SW 96 m May 1933186	_ Add
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Filing Fee: \$25.00