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## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	ris Electric	cs/ Technolo oited Liability Company	gy LLC.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	E.	Name of Person	
	Iris 6	Electrical Tec	hnology LLC
	5230	Land O Lakes Address	13/12/2576
	Land o	City/State and Zip Code  PLLC @ ho + ma To be used for future annual report notif	637
	Wells grov E-maileddress:	PLLC@ No tma to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Eric W	Ve //s of Person	at ( <u>7/3</u> ) <u>786</u> Area Code Daytime	-3776 Telephone Number
Enclosed is a check for t	he 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)

TO:

Registration Section

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

TO ARTICLES OF OI	) RGANIZATION	10/7 cm
Tris Electrical  (Name of the Limited Liability Company) (A Florida Limited Liability Company)	Tech no log vil	1017 SEP 25 PK 3: 57
The Articles of Organization for this Limited Liability Company w		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability    Wells Group LLC.  The new name must be distinguishable and contain the words "Limited Liability	<del></del>	abbreviation "L.L.C."
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 offi registered agent and/or the new registered office address here:	ce address on our records, ente	er the name of the new

B. reg

New Registered Office Address:  Enter Florida street address			. Florida
	New Registered Office Address:	Enter Florida street ad	ldress

## 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 amendin	g Authorized Person(s) authorized to a from our records:	nanage, <u>enter the</u>		person being ado
MGR = A			2017 SEP 25 PM 3: 58	
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Effective date, if other that Fan effective date is listed, the da Note: If the date inserted in to document's effective date on	nte must be specific an this block does not	id cannot be prior to a meet the applicable	date of filing or more than e statutory filing requi	(optional) 190 days after filing.) I frements, this date w	Pursuant to 605.0207 ill not be listed as t
ne record specifies a de The 90th day after the	e record is filed.	•		at 12:01 a.m. o	n the earlier of:
3/15-1-	2017				
Dated/					
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Dated 9/15/3		<del></del>	ed representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00