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## **COVER LETTER**

|           | Registration Se<br>Division of Cor |  |   |  |  |  |
|-----------|------------------------------------|--|---|--|--|--|
| CUD IE    |                                    | ELECTRIC SERVICE LLC                         |   |  |  |  |
| SUBJEC    | Name of Limited Liability Company  |  |   |  |  |  |
| The encl  | osed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |  |
| Please re | turn all correspo                  | ndence concerning this matter                | to the following:   |  |  |  |
|           |                                    | MIKLOS A HERNANDE                            | Z   |  |  |  |
|           |                                    |  | Name of Person  | · · · · · · · · · · · · · · · · · · ·  |  |  |
|           |                                    | DYNAMIC ELECTRIC S                           | ERVICE LLC  |  |  |  |
|           |                                    |  | Firm/Company  |  |  |  |
|           |                                    | 1202 WORTHINGTON D                           | PR .  |  |  |  |
|           |                                    |  | Address   |  |  |  |
|           |                                    | DELTONA, FL 32738                            |   |  |  |  |
|           |                                    |  | City/State and Zip Code   |  |  |  |
|           |                                    | MASTERTAXSERVICEIN                           | -   |  |  |  |
|           |                                    | E-mail address: (                            | to be used for future annual report notifi                          | ication)   |  |  |
| For furth | er information co                  | oncerning this matter, please ca             | all:  |  |  |  |
|           |                                    |  | 407 760-8635<br>at ( )  |  |  |  |
| ***       | Name o                             | f Person                                     |   | Telephone Number   |  |  |
| Enclosed  | l is a check for th                | ne following amount:                         |   |  |  |  |
| ☐ \$25.0  | 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

| DYNAMIC ELECTRIC SERVICE LLC  |  |                               |
|---|--|-------------------------------|
| ( <u>Name of the Limited Liability (</u><br>(A Florida Li   | Company as it now appears on our record mited Liability Company) | <u>ls.</u> )                  |
| The Articles of Organization for this Limited Liability Com<br>Florida document number <u>L15000004972</u> .  | npany were filed on 01/09/2015                                   | and assigned                  |
| This amendment is submitted to amend the following:   |  |                               |
| A. If amending name, enter the new name of the limited  | d liability company here:  |                               |
| The new name must be distinguishable and contain the words "Limited   | d Liability Company," the designation "LLC                       | "Or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  | C.O.                          |
| (Principal office address MUST BE A STREET ADDRES   | SS)  | A.                            |
|   |  | 35 G                          |
|   |  | 2 441                         |
| Enter new mailing address, if applicable:   |  | 19 <b>3</b> 70                |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | 9 -                           |
| (making data ess may be a rost of free box)   | · 1881 1 1841 11 11 11 11 11 11 11 11 11 11 11 11 1              |                               |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address |  | s, enter the name of the new  |
| Name of New Registered Agent:   |  | ·····                         |
| New Registered Office Address:  |  |                               |
|   | Enter Florida street addre:                                      | ss                            |
| <u> </u>  | , FI   | orida                         |
|   | City   | Zip Code                      |

### 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

| <u>Title</u> | <u>Name</u>        | Address            | Type of Action |
|--------------|--------------------|--------------------|----------------|
| MGR          | MIKLOS A HERNANDEZ | 1202 WORTHINTON DR | <b>=</b> Add   |
|              |                    | DELTONA, FL 32738  | □ Remove       |
|              |                    |                    | Change         |
| AMBR         | DAYMI PENTON       | 1202 WORTHINTON DR | Add            |
|              |                    | DELTONA, FL 32738  | _ ☐ Remove     |
|              |                    |                    | Change         |
|              |                    |                    | Add ´          |
|              |                    |                    | ☐ Remove       |
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Typed or printed name of signee

Filing Fee: \$25.00