115000050913

| (| Requestor's Name) |
|----------------------|-------------------------|
| | Address) |
| (| Address) |
| | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (| Business Entity Name) |
| (| Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
| | |
| | |
| | |
| | |





100414192751

08/21/23--01019--007 **25.00

2023 AUG 21 AN IO: OI SEGRETARY OF STATE

COVER LETTER

| TO: | | istration Sect sion of Corp | | . 7 | | |
|--------------|-----------------------------------|--------------------------------|--|---|------------------------|------------------|
| CHID H | | ZEUS ELEC | TRICAL SERVICES LLC | | | |
| 3001 | Name of Limited Liability Company | | | | | |
| The en | closed | Articles of A | mendment and fee(s) are sub- | mitted for filing. | | |
| Please | return | all correspon | dence concerning this matter | to the following: | | |
| | | | MARVELLIS GARCIA FI | LORES | | |
| | | | | Name of Person | | |
| | | | ZEUS ELECTRICAL SER | VICES LLC | | |
| Firm/Company | | | | | | |
| | | | 3409 W SAN SALVADOR | | | |
| | | Address | | | | |
| | | | | | | |
| | | | City/State and Zip Code | | | |
| For the | rther in | formation co | E-mail address: (i | to be used for future annual report notification) | 2023 SEC | |
| | | S GARCIA F | | 561 4026251 | 2023 AUG 2 Secretaf | Levina Levina |
| Enclos | ent is a | Name of l | Person following amount: | Area Code Daytime Telephone Numbers | | |
| | | | | | 77 — na Eas | |
| ■ \$2 | (5.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified C | of Status & | |
| | | | | | | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZEUS ELECTRICAL SERVICES | | | |
|---|--|--|--------------------------|
| (Name of the Lim | ted Liability Company as it now a (A Florida Limited Liability Comp | ppears on our records.) any) | |
| The Articles of Organization for this Limited I | | n <u>03/06/2015</u> | and assigned |
| Florida document number L15000050913 | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liability compa | ny here: | |
| NA | | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," | the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | <u></u> | | 023 FC |
| | | | REI AUG |
| Enter new mailing address, if applicable: | | | AAR 2 |
| (Mailing address MAY BE A POST OFFICE | ΒΟΧ) | | 550 F |
| | | | |
| | · | | <u> </u> |
| B. If amending the registered agent and/or agent and/or the new registered office addr. | | our records, enter the 1 | name of the new register |
| agent and/or the new registered office addr | 33 1101 6. | | |
| Name of New Registered Agent: | MARVELLIS GARCIA FLO | ORES | <u></u> |
| New Registered Office Address: | 3409 W SAN SALVADORE | EST | |
| | Ente | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." e: (IDDRESS) Company, "the designation "LLC" or the abbreviation "L.L.C." Company Company, "the designation "LLC" or the abbreviation "L.L.C." Company Company, "the designation "LLC" or the abbreviation "L.L.C." Company Comp | |
| | LAKE WORTH | , Florid: | 33462 |
| | City | 7 " | 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 |
|--------------|-----------------|-------------------------|--------------------|
| AMBR | CARLOS A MORENO | 3409 W SAN SALVADORE ST | □Add |
| | | LAKE WORTH FL 33462 | ■Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change SECRITAL |
| | | | AAAA DRemove |
| | | | 트뤼 으 |
| | <u></u> | | □Add □Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | · . | ☐Change |
| | | | DAdd |
| | | | □Remove |
| | | | ClChange |

| | | | | | | |
|---|---|--|---|---------------|---------------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | 4.27 | _ |
| | ~ ************************************ | | | | | |
| | | | | | · <u>·</u> · | _ |
| | | | | | | _ |
| | | | | | | |
| | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | 7.T. | 2023 | _ |
| | *************************************** | | | | AUG | |
| | | | | AF. | 32 | CHESTS. |
| | | | | ASSE HD A | A | |
| | | | | (,) | <u></u> | |
| | | | | - <u> </u> | | ***** |
| | | | | | | |
| | | | | | | _ |
| ective date, if other than the date of filing a effective date is listed, the date must be specific and the lift the date inserted in this block does not meanment's effective date on the Department of St | cannot be prior to de eet the applicable | ate of filing or more statutory filing : | (opti e than 90 days afte requirements, thi | r filing.) Pu | rsuant to t I not be l | 505.020 isted as |
| scord specifies a delayed effective date, but not a s filed. | an effective time. | at 12:01 a.m. on | the earlier of: (l | o) The 9 | 0th day a | fter the |
| ted | | | | | | |
| / ** | · | | | | | |
| V SIMILLE | ember or authorize | | | | | |

Filing Fee: \$25.00