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## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	ECTRIC PRO	Solutions L	LC.
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALFRED.	Name of Person	ions LLC
		40 E 47 7# St Address	23017
		MHEAH TL E	20013
	LAGTILL E-mail address: (1	City/State and Zip Code  O. AL FRE O 371  to be used for future annual report notific	cation) COM
For further information of	concerning this matter, please ca		
Alfredo	Castillo	at ( <u>786)</u> <u>368</u> –	3793
/ Name o	of Person	Area Code Daytime	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)

### MAILING ADDRESS:

**Registration Section** 

TO:

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

Electric Pro Sol	utions LLC.	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lii	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	- / 4/	2 <u>015</u> and assigned
Florida document number <u>L 15 000 10 7 0 3</u> 8	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Liability	Company the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6800 SW	40 St MiAMI
(Principal office address MUST BE A STREET ADDRESS)	<u># 1/80</u>	72 33155
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	(0800 SU) Miami FL	40"H GE#4, 33155
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		enter the name of the r
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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, Signafure of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name / A	Address	Type of Action
	NH1		
	/	/A	· □ Remove
		· /	☐ Change
			🗆 Add
			🗆 Remove
			Change
			Remove
		<del></del>	Change
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	N/A	
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:	
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated		
	Signature of a member or authorized representative of a member  ALFREDO ASTILIO  Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00