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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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	gistration Se vision of Cor						
SUBJECT:		RES ELECTRICOS LLC					
		Name of Lin	nited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		KILDARE MORALES					
			Name of Person				
	8456 NW 72ND ST						
			Address				
		DORAL FL 33166					
		. AMTAXSERV@ATT.NE	City/State and Zip Code Γ	25	ZOCOLLI NAY		
		E-mail address:	to be used for future annual report notifi	ication)			
For further i	nformation co	oncerning this matter, please c	all:	f / ('	(i) 5 (i)		
KILDARE	MORALES		786 667-1846 at ()	الــــــــــــــــــــــــــــــــــــ	T U		
	Name o	f Person		Telephone Number	2 5		
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Enclosed is	a check for th	e following amount:					
\$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		of Status &			
	• •		(additional copy is enclosed)	Certified ((additional co	Copy opy is enclosed)		
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VARIADORES ELECTRICOS LLC						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L15000152125	were filed on 09/04/2015	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."				
Enter new principal offices address, if applicable:	8456 NW 72ND ST					
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33166					
	8456 NW 72ND ST					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33166					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		[- G5				
Name of New Registered Agent:						
New Registered Office Address:		To To				
	Enter Florida street address	E on				
	, Florida	Zin 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			☐ Change
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an effectiv	ve date is listed,	the date must b	e specific and	cannot be prior to	o date of filing or	more than 90	days after fi	ling.) Purs	uant to 60	5.0207
	ne date inserte 's effective da				ble statutory fil	ing requirem	ents, this c	late will r	iot-be lis نـــ	sted as
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Typed or printed name of signee

Filing Fee: \$25.00