## 15000152125

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## COVER LETTER

Div	vision of Corporations
SUBJECT:	VARIADORES ELECTRICOS LLC
	Name of Limited Liability Company
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.
	all correspondence concerning this matter to the following:
	KILDARE MORALES PRINCIPAL
	Name of Person
	VARIADORES ELECTRICOS, LLC
	Firm/Company
	8456 NW 72 ND ST
	Address
	DORAL, FL 33166
	City/State and Zip Code
	megacontrol_logistica@hotmail.com  E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
KILDARE	MORALES PRINCIPAL 786 667-1846
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:
□ \$25.00 F	Filing Fee \$\Bigsquare \\$30.00 \text{ Filing Fee & } \Bigsquare \\$55.00 \text{ Filing Fee & } \Bigsquare \\$60.00 \text{ Filing Fee, } \\ \text{Certificate of Status} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \end{array}
	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

VARIADORES ELECTRICOS LLC		
(Name of the Limited L. (A F	iability Company as it now appears on ou lorida Limited Liability Company)	r records.)
he Articles of Organization for this Limited Liabil	ity Company were filed on09/04/201	15 and assigned
lorida document number L15000152125	·	
his amendment is submitted to amend the following	ng:	
a. If amending name, enter the new name of the	limited liability company here:	
N/A		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: <u>N/A</u>	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	N/A	080 317 8 (21 b
Mailing address MAY BE A POST OFFICE BOX	()	- 0
3. If amending the registered agent and/or a egistered agent and/or the new registered office		records, enter the name of th
Name of New Registered Agent:	<del>I/A</del>	
New Registered Office Address:	Enter Florida stre	et address
<del>-</del>	City	, Florida 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>	<u>Address</u>	Type of Action
MGR	Kildare MoralesPrincipal	8456 NW 72 ND ST	
		DORAL, FL 33166	■ Remove
			☐ Change
MGR	Victoria Piedrahita	8456 NW 72 ND ST	Add
		DORAL, FL 33166	Remove
AMBR	Kildare Morales Principal	8456 NW 72 ND ST	
		DORAL, FL 33166	□ Remove
			Change
<del></del>			Add
			Remove
			Change
<del></del>			Add
			_ □ Remove
			☐ Change
			Add
			Remove
			Change

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Filing Fee: \$25.00