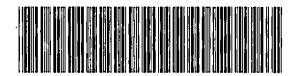
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| SHDIECT | JRC ELEC | TRIC LLC | • | |
| SOBJECT | • | Name of Lim | ited Liability Company | |
| | | | , | |
| The enclos | ed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | m all correspo | ndence concerning this matter | to the following: | |
| | | JUAN RAMON COSME | VEGA | |
| | | | Name of Person | |
| | | JRC ELECTRIC LLC | | |
| | | | FirmvCompany | |
| | | 11838 US HWY 41 S | | |
| | | | Address | · |
| | | GIBSONTON, FL 33534 | | |
| | | | City/State and Zip Code | |
| | | 7 | | |
| | | | to be used for future annual report notifica | ation) |
| For further | information c | oncerning this matter, please c | all: | |
| JUAN CO | SME | | 813 5459429 at () | |
| | Name o | f Person | Area Code Daytime T | elephone Number |
| Enclosed is | s a check for th | ne 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) |
| R D P | lailing Addrest egistration Stivision of C O. Box 632 allahassee, I | Section forporations 7 | Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe Tallahassee, FL 3 | orations Iahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 3 , | iability Company as it now app lorida Limited Liability Compan | ears on our records.) | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|------------------------|
| The Articles of Organization for this Limited Liabi Florida document number L16000157755 | lity Company were filed on | 08/23/2016 and assign | ed |
| This amendment is submitted to amend the followi | ng: | | |
| A. If amending name, enter the new name of th | e limited liability company | here: | |
| N/A | | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," th | e designation "LLC" or the abbreviation "L.L.C. | |
| Enter new principal offices address, if applicabl | e: <u>N/A</u> | | |
| Principal office address MUST BE A STREET A | DDRESS) | 202 | |
| | | | _ |
| Enter new mailing address, if applicable: | N/A | HIOV 24 |] =] |
| Mailing address MAY BE A POST OFFICE BO | <u></u> | F | <u>)</u> |
| | | : = | |
| 3. If amending the registered agent and/or regingent and/or the new registered office address h | | r records, <u>enter the name of the new re</u> | <u>egis</u> |
| Name of New Registered Agent: | N/A | | _ |
| New Registered Office Address: | N/A | | |
| | Enter l | lorida street address | |
| | | Florida | |
| - | 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 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> | Name | <u>Address</u> | Type of Action |
|--------------|------------|---------------------------|------------------------|
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| fective date, if | fother than the | date of filing: | 09/15/2020 | | _ | (optional) |) | |
| | listed, the date mus inserted in this bl | | | | | | | |
| cument's effect | ive date on the De | epartment of Sta | ate's records. | | | | | |
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| record specifies is filed. | <u>ember</u> | Signature of a m | | rized representat | ive of a member | | | |