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COVER LETTER

TO: **Registration Section Division of Corporations** MIAMI ELECTRIC MASTERS, LLC SUBJECT: ____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Manuel Cabielles Name of Person Miami Electric Masters, LLC Firm/Company 8862 SW 129th Terrace Address Miami, Florida 33176 City/State and Zip Code mcabielles@miamielectricmasters.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Manuel Cabielles Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

MIAMEELECTRIC	MASTERS, LLC	2021 FEB 18 PM 5: 27
(Name of the Limited (A	MASTERS, LLC Liability Company as it now appears on our re- Florida Limited Liability Company)	SECRETARY OF STATE
	00/02/2014	TALLAHASSEE, FI
he Articles of Organization for this Limited Liab	lity Company were filed on 08/23/2016	and assigned
lorida document number L16000158211		
his amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable	e:	. 4
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
3. If amending the registered agent and/or regingent and/or the new registered office address b	· ·	iter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	zip Coae

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MANUEL CABIELLES, CEO	8862 SW 129TH TERRACE	
		MIAMI, FL 33176	Remove
			■ Change
AMBR	TANIA CROOK, CHAIRMAN	8862 SW 129TH TERRACE	□Add
		MIAMI, FL 33176	□ Remove
VP	ALAIN N. AGUILAR R. VP	8862 SW 129TH TERRACE	= Add
		MIAMI, FL 33176	□Remove
			Change
			
			□ Remove
			□ Change
			
			Remove
			□Change
			□Add
			□Remove
			□ Change

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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block occument's effective date on the Department.	ite of filing: e specific and cannot c does not meet the	e applicable st	of filing or more tha		ig.) Pursuant to 605.020
record specifies a delayed effective of is filed.	ate, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after th
ated	· 202	1 .			
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Si	gnature of a member	MULLUL r or authorized r	epresentative of a m	ember	