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COVER LETTER

| Multi Tecl | nnical Installation LLC | | |
|---|---|---|---|
| SUBJECT: | Name of Lir | ited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Kevin Tyler | | |
| | · | Name of Person | |
| | Multi Technical Installatio | n LLC | |
| | | Firm/Company | |
| | 3245 N. Courtenay Pkwy ! | 715 | |
| | | Address | |
| | Merritt Island FL 32953 | | |
| | | City/State and Zip Code | |
| | kevin@multitechnicalinstal | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information (| concerning this matter, please c | all: | |
| Kevin Tyler | | 321 205-5640 | |
| Name | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | the 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 Addre | | <u>Street Address:</u> Registration Se | ction |
| Registration Section Division of Corporations | | Division of Cor | |

Division of Corporation P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

Multi Technical Installation LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 04, 2017 ____ and assigned Florida document number L17000003508 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Multi Technical Installations LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3245 N. Courtenav Pkwv #15 Merritt Island Fl 32953 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3245 N. Courtenay Pkwy #15 Merritt Island FL 32953 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cire

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> | Address | Type of Action |
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| te: II | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as i |
| cumen | 's effective date on the Department of State's records. |
| ecord s | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| is filed | The 90th day after the |
| | |
| ted _ | <u>8/19/2021</u> |
| | 8/19/2021 |
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| | Signature of a member or authorzed representative of a member |