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COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: AR	Electric Repa	ir Service. L	_((
SUBJECT: 17 17 4	Name of Lim	ited Liability Company					
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	Alg.n R	Same of Person					
		Nume of Ferson					
	1R Elec-	Firm/Company	Service 1	<u> </u>			
		Firm/Company					
	16825	NW 54 C	T				
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	1110441, 07	City/State and Zip Code	<u> </u>				
	may: 6	903 & Jaho	J. (Jh				
	E-mail address: (1	to be used for future annua	l report notification)				
For further information co	ncerning this matter, please ca	ill:					
Alain R	gmircz.	at (<u>305</u>) Area Code	283-497	.3			
Name of	Person	Area Code	Daytime Teleph	one Number			
Enclosed is a check for the	following amount:						
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	NG ADDRESS:		T/COURIER AD	DRESS:			
	tion Section of Corporations		Registration Section Division of Corporations				
P.O. Box	x 6327	Clifton	Clifton Building 2661 Executive Center Circle				
ranahas	see, FL 32314		ssee, FL 32301	Çie			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ARTICLES OF ORGANIZATION

17 JUL 24 PM 2: 15 The Articles of Organization for this Limited Liability Company were filed on OS OS 2017— and assigned Florida document number <u>L17000101062</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: H: Uni Garden , Florida 33055

City Zip Code New Registered Office Address:

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

	Authorized Person(s) authorized to m from our records:	e title, name, and address of each	person being added	
MGR = M AMBR = A	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
AMBR	Alain Rynirez	16825	NH 54 CT	p (Add
		Muni	Grandon, FL 33055	Remove
				Change
MGR	Manelys Ramirez	16825	NW 54 CT Garden, FL 33055	Ç X Add
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If amend	ling any o	ther inforn	iation, enter	r change(s)) here: <i>(Att</i>	ach additi 	onal sheet <mark>s</mark> ,	if necessar	<i>y.)</i>	
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Filing Fee: \$25.00