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Office Use Only



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2021 OCT -4 AM 2: 53

Juan Jose Hernandez

Return address: 4636 Tailfeather Ct. Land O Lakes, FL 34639

(813) 263-8862

COVER LETTER

Division of Corpora	ations				
SUBJECT:	Mbform Ele	2Ctric	LLC		
	Name of Lir	mited Liability (Company		
The enclosed Articles of Ame	endment and fee(s) are su	ibmitted for fil	ing.		
Please return all corresponder	nce concerning this matte	er to the follow	ing:		
-	BINAN	Keith	AMara	l <u>. </u>	
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For further information conce			iuiure annuai re	гроп поинсано	n)
Bryan Am	a/al	at (8	913 × 50	04-1228	
Name of Per	son	Ar	ea Code	Daytime Tele	phone Number
Enclosed is a check for the fo	ollowing amount:				
□ \$25.00 Filing Fee □	☐ \$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & ied Copy onal copy is enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:			Street Add	dress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

FILED

2021 OCT -4 AM 2:53

SECRETARY OF STATE

(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 9/20/17 Florida document number L17000195012 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 "LLC." 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: New Registered Office Address: Enter Florida street address City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Juan Hernandez	4636 Tailfeather Ct.	Mdd
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