Division of Corporation

Florida Department of State

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(((H20000395849 3)))



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MUNICODE SOLUTIONS LLC

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Fax Server



November 17, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MUNICODE SOLUTIONS LLC 2449 SW GAY CIR. PORT SAINT LUCIE, FL 34953

SUBJECT: MUNICODE SOLUTIONS LLC

REF: L17000242831

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Signature page is too dark.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000395849 Letter Number: 020A00023065

H20000395249 3 Poge 3065

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Municode Solu				
(Name of th	ne Limited Liability Compan- (A Florida Limited Lia	y as it now appears shility Company)	on our records.)		
The Articles of Organization for this Lin	nited Liability Company v			7 and assig	gned
Florida document numberL170					
This amendment is submitted to amend t	he following:				
A. If amending name, enter the new n	ame of the limited liabil	ity company he	<u>re</u> :		
All Prime Electric LLC					
The new name must be distinguishable and conta	ain the words "Limited Liabilit	y Company," the de	signation "LLC" or the	ahhreviation "L.L.	.C."
Enter new principal offices address, if	applicable:				
Principal office address MUST BE A S	STREET ADDRESS)				
					
Enter new mailing address, if applical					
(Mailing address MAY BE A POST OF	FICE BOX)			2010	
					- 1 -
	1/ / 1 AC	J.1	ale aster the ne		revistered
B. If amending the registered agent a agent and/or the new registered office	nd/or registered office a address here:	aaress on oar re	corus, enter the m	The Man	[T]
				5	
Name of New Registered Ager	nt:			70 Et 100	
 -				10m 10	
New Registered Office Address	<u></u>	Enter Flor	ida street address		
			, Florida	Zip Code	
	 -	City		Zip Code	
New Registered Agent's Signature, if cha	anging Registered Agent:				
	_			want to commit	Sugarth the

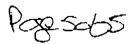
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

H200395849 3
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added Page 4065 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Natan Garcia	2449 SW Gay Circle	■Add
		Port Saint Lucie, FL 34953	∏Remove
			□Add
			Remove
			∏Change
			□∧dd
			Remove
			Change
			□ Remove
			Change
			bbA∐
			□Remove
			[] Change
			DAdd
			Remove
			□ Change



n Ru	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
e recor	I specifies a delayed effective date, but not an effective time; at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
)ajiček	1 11/16/20
	Signature of a frember or authorized representative of a member
	$\mathcal{A} \in \mathcal{J}$
	Valentino Perez