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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2018 HAR I 3 PH 2: 1

J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		rical & Services, LLC		
30636	CI	Name of Limi	ited Liability Company	·
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Luis Ernes	Name of Person)CO
			Firm/Company	
		6245 No	th Federal H	wy 501 te 413
		Fort Laude manager @ E-mil address: (1	city/State and Zip Code Otcamelectricals to be used for future annual report notif	308 erulces.com
For furt	ner information co	oncerning this matter, please ca		
	VIS Erne.	sto Esparrago	Area Code Daytime	1914 Telephone Number
Enclose	d is a check for th	e 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 ADDRESS: -

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) (ability Company)
were filed on 02/01/2018 and assigned
lity company here:
ty Company," the designation "LLC" or the abbreviation "L.L.C."
6245 North Federal Hwy Suite 413 Fort Louderdale: Florida 33309
6245 North Federal Hwy Suit 41
Fort Lauderdale, FL 33308
fice address on our records, enter the name of the new
rnesto Esparragota Arias
orth Federal Hwy Svite 413 Enter Florida street address
Uderdale Florida 33308 Zip Code

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-Kepistered

Page 1 of 3

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
MGR	Jhonny Alonso Esparragoza Gomez	6245 North Federal Hwy Suite 413
		Fort Lauderdale, FL, 333080 Remove
		
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ffective date, if other an effective date is listed, lote: If the date inserted octument's effective date	the date must be specified in this block does	fic and cannot be pri- not meet the appl	icable statutory filin		iling.) Pursuant to 60.	
		ive date, but r	not an effective t	ime, at 12:01 a.	m. on the earli	er oʻ
			iot dir circctive t			• -
The 90th day afte	er the record is fi	iled.	_		A. 2	•
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e record specifies The 90th day afte Patcd March Luis E Espan	er the record is fi	iled.	8.	of a member	2018 MAR 13 PH SECRETARY OF FALLAHASSEE FI	7

Page 3 of 3

Filing Fee: \$25.00