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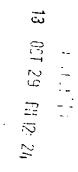
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp			
CUD II	ELECTROZ	Z, L.L.C.		
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspon	ndence concerning this matter	to the following:	
		Vladislav Romanenko		
		ELECTROZ, L.L.C.	Name of Person	
Firm/Company 8759 Brown Pelican Cir.				
		Navarre, FL 32566	Address	
		vlad.romanenko@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Vladisl	av Romanenko		862 2669889 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
= \$25	5.00 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

ELECTROZ, L.L.C.		
(<u>Name of the Limited Liabili</u> (A Floridi	ity Company as it now appears on our records a Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 8/15/2018	and assigned
Florida document number 1.18000188857	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		Ġ
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7
<u> Principal office address MUST BE A STREET ADDI</u>	RESS)	
		3
		24
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OF FICE BOX)		
B. If amending the registered agent and/or regis		, enter the name of the
egistered agent and/or the new registered office add	tress here:	
Name of New Registered Agent:		
New Registered Office Address:		
Negistered Office Manager	Enter Florida street address	
	. Flo	orida
	City	orida 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 Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	VLADISLAV ROMANENKO	8759 Brown Pelican Cir. Navarre, FL 32566	
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ective date, if other than the a reffective date is listed, the date must	date of filing: be specific and cannot	be prior to date	of filing or more than	(optional 90 days after filing) g.) Pursuant to 605.02
te: If the date inserted in this blo cument's effective date on the De	ock does not meet the	e applicable st	atutory filing requi	rements, this date	will not be listed
record specifies a delayed The 90th day after the reco	effective date, lord is filed.	but not an (effective time, a	at 12:01 a.m.	on the earlier
October, 25	2013	8	//		
	·	A	8 C	•	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00