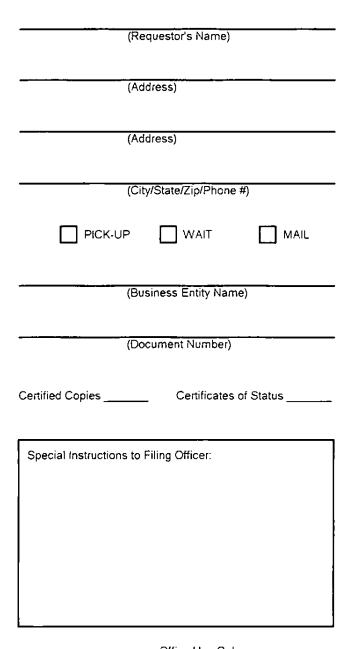
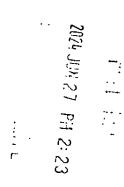
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Office Use Only



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COVER LETTER

	egistration S ivision of Co			
SUBJECT	FL Mecha	nical Consulting LLC		
SUBJECT	·	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Noah Sosa		
			Name of Person	
		Kyler Kohler Ostermiller	& Sorensen, LLP	
			Firm/Company	
		1883 West Royal Hunte D	Prive, Suite 200	
			Address	
		Cedar City, Utah 84720		
			City/State and Zip Code	
		noah.sosa@kkoslawyers.co		
		E-mail address: (to be used for future annual report no	tification)
For further i	information c	oncerning this matter, please c	all:	
Noah Sosa			435 586.9366 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
章 \$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		Street Address: Registration Se	ection	
Division of Corporations		Registration Section Division of Corporations		
	D. Box 632		The Centre of	Tallahassee
Та	llahassee, F	FL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL Mechanical Consulting LLC (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 __08/23/2018 and assigned Florida document number L18000202700 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida AC and Energy LLC 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) rs 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 _, Florida _

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:				
	Manager = Authorized Member			
Title	Name	Address	Type of Action	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			Remove
			□ Change
			Петоче
			Change
			Remove
			□Change
			□Add
			Петоче
			☐ Change
			□Add
			□Remove
			□ Change

Page 2 of 3

	
	·
	
Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 14 2024.
	Signature of a member or authorized representative of a member
	George Gogas, Manager
	Typed or printed name of signee

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Filing Fee: \$25.00