## L18000262517

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration Sec Division of Corp			
OJZ ELECT	TRIC LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	ORLANDO ZULUETA		
	<u> </u>	Name of Person	
	OJZ ELECTRIC LLC		
		Firm/Company	
	4090 32nd Avenue SW		
		Address	
	Naples, FL 34116		
		City/State and Zip Code	
	ojzelectric@yahoo.com	to be used for future annual repor	Totiliantian)
For further information c	oncerning this matter, please ca		Chouncationy
ORLANDO ZULUETA		239 238-713	38
Name o	f Person	at () Area Code Da	aytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Addres	
Registration S Division of C		Registration Division of	n Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OJZ ELECTRIC LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/08/2018	and assigned
Florida document number L18000262517		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		10 S S S S S S S S S S S S S S S S S S S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:	N/A	» F O
New Registered Office Address:	Enter Florida street address	. OS
	***	. ,
<del></del>	, Flori	ida 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>	Address	Type of Action
MGR	AARON C ZULUETA BROW	14 DERHENSON DR	<b>=</b> Add
		NAPLES, FL 34114	□Remove
			□Change
			□Add
			[]Remove
			□Change
	<del>,</del>		Add
			D'Change
			S S □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<u> </u>	□Remove

	N/A	
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		822 <b>f</b>
ctive date, if other than the	e date of filing:	(optional)
: If the date inserted in this b	lock does not meet the applicable statutory f	
ment's effective date on the I	Department of State's records.	
ord specifies a delayed effecti filed.	ve date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day a
Theta.		
MARCH / 04	2021	
u	··	
	₩	
	Signature of a member or authorized representa	itive of a member

Filing Fee: \$25.00