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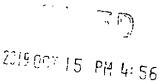
TO:	Registration Se Division of Cor					
MORSE ELECTRIC SERVICES LLC SUBJECT:						
3000.0	C1	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	indence concerning this matter	to the following:			
		CHARLES A. MORSE				
		Monde of powers of the	Name of Person	ification) De Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
		MORSE ELECTRIC SER	VICES LEC			
		815 CASCADE LANE	Firm/Company			
		Address MARIANNA, FLORIDA 32448				
		City/State and Zip Code gcrepa@earthlink.net				
For furti	ner information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	ication)		
CALVI	N B. MORSE		850 573-1705			
	Name o		Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne following amount:				
₩ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		

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



MORSE ELECTRIC SERVICES 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 Co	ompany were filed on 5/6/2019	and assigned
Florida document number L19000122984	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.1C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		······································
B. If amending the registered agent and/or regist		cords, enter the name of the new
registered agent and/or the new registered office addr	ress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Profiless.	Enter Florida street o	uddress
		_, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my dution tent as provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CALVIN B. MORSE	2479 HWY 73 MARIANNA, FL 32448	∃ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
		· ————————————————————————————————————	
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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Note:	ive date, if other than the date of filing:
	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	10/10 [19] Machine of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee