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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : 120140000084 Phone : (305)541-3980 Fax Number : (888)772-8108

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADKL ELECTRONICS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ADKL ELECTRONICS LLC		**
(Name of the Limited Linbility (A Florida)	Company as it now appears on our records.) imited Liability Company)	·····
(A FIRM)	I	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 07/12/2019	and assigned
Florida document number L19000180062		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Linhility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registe	red office address on our records, e	nter the name of the n
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	~ 110	1210 121111

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

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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

Title	Name	Address	Type of Action
MGR	DAU KARAM, ALFONSO	9737 NW 41ST	
	•	MIAMI, FL 33178	☐ Remove
			☐ Change
			G Add
			Remove T
			Change Change
			D _i Remove
			☐ Change
			□ Add
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e record specifies a de The 90th day after th	layed effective e record is file	e date, but r d.	ot an effectiv	e time, at 12:0	1 a.m. on the	earlier of
Dated AUGUST 01		, 2019				
		C BOX				
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	Simuture of	a member or au	thorized representa	ive of a member		

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