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COVER LETTER

TO: Registration S Division of Co					
	RVICE SOLUTION LLC				
SUBJECT:	Name of Limited Lia	bility Company		_	
The enclosed Articles of	Amendment and fee(s) are submitted	for filing.			
Please return all corresp	ondence concerning this matter to the	following:			
	REINIEL MATINEZ CABRERA	\			
		Name of Person			
		Firm/Company			
	833 E 30 ST				2
		Address			022 .
	HIALEAH, FL 33013			SVÄV	2022 JUN 27 AM 8: 5
	•	/State and Zip Code		SEE SEE	7 A
	RAINIELMC79@GMAIL.COM	sed for future annual repor	1 parification)	-i_ \cdot \c	= (
For further information	concerning this matter, please call:	sed for future unition repor	, managary	RY OF STATE	2. Ö
REINIEL MARTINEZ	CABRERA	786 805-260			
Name	of Person	Area Code D	aytime Telephone Nun	nber	_
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & ■ Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed) Certif	ficate of t fied Copy	Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section

Street Address:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMC SERVICE SOL	UTION LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear. Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	07/12/2019	and assigned
lorida document number			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company he	<u>re</u> :	
RMC ELECTRICAL LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u>~</u>
Principal office address MUST BE A STREET ADDRESS)			NECO 122
			AHA NUN NUN
			27 SSE
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			8: %
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the</u>	name of the new registe
Name of New Panistand Assets			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	a
	City		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 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
			\ \ \ \ \
			□Remove
			Change
			DECRETARY OF TALLAHASSEE.
			DECRUTARY OF STATE TALLAUASSEE, FLORIDA
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Chunga.

Typed or printed name of signee