Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : J. FISCHER & ASSOCIATES, INC.

Account Number : I19990000042 : (561)799-3810 Fax Number : (561)799-1818

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

Email Address: CHRISKINDER 9984@

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAYDEN'S ELECTRIC, LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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SULKER

SEP 22 2020

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAYDEN'S ELECTRIC, 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 Liab | ility Company were filed on 08/1 | 3/2019 | and assigned |
|--|--|---|--------------------------------------|
| Florida document number 1.19000201741 | | | |
| This amendment is submitted to amend the follow | | | 7 |
| A. If amending name, enter the new name of the | e limited liability company her | <u>e</u> : | |
| K&Z ELECTRIC, LLC | | | |
| The new name must be distinguishable and contain the word | ls "Limited Liability Company," the des | ignation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | | |
| (Principal office address MUST BE A STREET) | ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or regi | ctured office address on our rec | ords ontar the num | e of the new registered |
| agent and/or the new registered office address h | | orus, <u>enter the nam</u> | e of the new registered |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| THE TENSION OF THE TAME OF THE | | a street address | |
| | | , Florida | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Reg | istered Agent: | | |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region. | and complete performance of m red agent as provided for in Ch istered office address, I hereby | ly duties, and I am fo apter 605, F.S. Or, | amiliar with and if this document is |
| | | | |

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 | TIMOTHY BRUNO | H GEES COURT | ≅ Add |
| | | DAWSONVILLE GA 30534 | _ |
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| Effect | ive date, if other that | n the date of f | filing: | • | | 2020 | (optional) | |
| Note: | fective date is listed, the date if the date inserted in the tase in the date on the date on the date on the date of the date | his block does i | not meet the | applicable sta | tutory f | iling requirer | nents, this date will not | be listed as th |
| the recor | rd specifies a delayed eff led. | fective date, bu | t not an effec | tive time, at 1 | 2:01 a.i | n. on the ear | lier of: (b) The 90th d | ay after the |
| | 9.21.2 | 020 | | | | | | |
| Dated | | | | and the same of th | | | | |
| Dated | | | | | | | | |

Typed or printed name of signee