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COVER LETTER

Sision of Cor	porations			
·		ited Liability Company		
d Articles of	Amendment and fee(s) are sub	mitted for filing.		
n all correspo	ondence concerning this matter	to the following:		
	Thomas O. Wells, Esq.			
	Wells & Wells, P.A.	Name of Person		_
	901 Ponce de Leon Blvd., S	Firm/Company Suite 200		_
	Coral Gables, FL 33134	Address		_
	mechelle@twellslaw.com	City/State and Zip Code	_	_
	E-mail address: (to be used for future annual re	port notification)	
information e	oncerning this matter, please ea	all:		
. Wells			0016	
Name o	f Person	Area Code	Daytime Telephone Numb	er
a check for th	ne following amount:			
Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	Certific sed) Certific	ate of Status &
	information con Wells	Name of Lim In all correspondence concerning this matter Thomas O. Wells, Esq. Wells & Wells, P.A. 901 Ponce de Leon Blvd. Coral Gables, FL 33134 mechelle@twellslaw.com E-mail address: (information concerning this matter, please of the concerning this matter.) Name of Person a check for the following amount: Filing Fee	Name of Limited Liability Company and Articles of Amendment and feets) are submitted for tiling. In all correspondence concerning this matter to the following: Thomas O. Wells, Esq. Name of Person Wells & Wells, P.A. Firm/Company 901 Ponce de Leon Blvd., Suite 200 Address Coral Gables, FL 33134 City/State and Zip Code mechelle@twellslaw.com F-mail address: (to be used for future annual resinformation concerning this matter, please call: b. Wells 305 444 at (A&A Electric Services, LLC Name of Limited Liability Company and Articles of Amendment and feets) are submitted for filing. In all correspondence concerning this matter to the following: Thomas O. Wells, Esq. Name of Person Wells & Wells, P.A. Firm/Company 901 Ponce de Leon Blvd., Suite 200 Address Coral Gables, FL 33134 City/State and Zap Code mechelle@twellslaw.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: 9. Wells Name of Person 305 A44-0016 Area Code Daytime Telephone Numb a check for the following amount: Filing Fee \$30,00 Filing Fee & Certified Copy Certific Copy (Certified Copy (Certified Copy (Certified Copy)

MAILING ADDRESS:

TO:

Registration Section

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

A&A Electric Services, LLC

(Name of the Lin	nited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Florida document number L19000203133	Liability Company were filed or	August 6, 2019 and assign
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	• •	on our records, enter the name of
Name of New Registered Agent:	Wells & Wells, P.A.	
New Registered Office Address:	901 Ponce de Leon Blvd.,	
	Enter Coral Gables	Florida street address
	City	, Florida ³³¹³⁴ 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	Andrew De La Parte	4409 N Thatcher Avenue	
		Tomas 51 22614	
		Tampa, FL 33614	7.0
			■ Remove
	Jonathan R. Borden	525 NW 16th Avenue	
MGR			■ Add
		Miami, FL 33125	
			☐ Remove
			Change
			□ Change
			П.С
			□ Change
			☐ Remove
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Effective date, if other than the dat If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prior to does not meet the applical	date of filing or more the		
ne record specifies a delayed ef The 90th day after the record		an effective time,	at 12:01 a.m. on th	ne earlier of
Dated	· <u>2019</u>	_ · _ <i>.</i>	!/	
Sign	nature of a member of author	zed representative of a n	ember	

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