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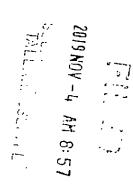
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:		ng Controls Group, LLC		
		Name of Limi	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		Alexander Vitier		
			Name of Person	
		A&J Building Controls Gro	oup, LLC	
			Firm/Company	
		8325 SW 117 Terr		
			Address	
		Miami, FL 33156		
		avitier@ajbcgroup.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	II:	
Alexander V	/itier		786 490-4085	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

A&J Building Controls Group, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our re ted Liability Company)	<u>:cords.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 9/05/2019	and assigned
Florida document number L19000218359		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	20 -
		019 10y
Enter new mailing address, if applicable:	. 	
Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	Adress
-		. Florida
	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alexander Vitier	8325 SW 117 Terr Miami, FL 33156	Add
			Remove
			☐ Change
MGR Armando Co	Armando Cosio		□ Add
		7171 NW 74th Street Miami, FL 33166	■ Remove
			Change
			□ Remove
			□ Change
	-		Add
			Remove
			Change
			Add
			Remove
			Change
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an effe <u>ote:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated _	0 ctobec 29. 20191.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00