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Division of Corporations

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Fax Number : (954)567-3401

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Email Address: kathy@apiprocessing.cmm

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Electrical Masters C. (Name of the Limited Liability Compa- (A Florida Limited L.		us on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000243585	were filed on _	September 26, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company <u>h</u>	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•••	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our	records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	urida street address	
		, Florids	
	City		Zip Code
Name Bassissand Agant's Cignoture, if changing Degistered Agent:			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joner Sanchez	6980 NW 186th Street, Apt. 420	□Add
		Hialcah, FL 33015	=Remove
		<u></u>	[]Change
MGR	Melissa Rodriguez	6989 NW 186th Street, Apt. 420	■Add
		Hialeah, FL 33015	□Remove
 -			200 FEB O Manage
	·		☐ Add
			□Change
			∐Add
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