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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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C. GOLDEN
JAN 1 3 2020

COVER LETTER

| TO: Registration Sect Division of Corpo | | | |
|--|--|--|--|
| SUBJECT:K | . M . £LECTRIC Name of Lim | SERYIGE ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | BHEKIMPI | Name of Person | |
| | | Name of Person | |
| | K.M £ | FIECTRIC SERVICE Firm/Company | |
| | | Firm/Company | |
| | 5175 WELFINS | G TON PARK CIRCLE Address | , # 652 |
| | | FLORIDA, 3283° City/State and Zip Code vu @ yahoo. Com to be used for future annual report not | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information cor | ncerning this matter, please co | all: | |
| BHEKIMPILO | Nozoru | at (<u>321</u>) 947 Area Code Daytin | 0689 |
| Name of I | Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | following amount: | | |
| S \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on 05 NOV 2019 and assigned Florida document number ____L19000275640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company 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 applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida _____ Zip Code 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 | BHEKIMPILO NOLUYU | 5175 WELLINGTON PARK LIRC, 652 | □Add |
| | | ORLANDU, FL, 32839 | □Remove |
| | | | EChange |
| AMBR | BHEKIMPILO NOLOVU | 5175 WELLINGTON PARK CIRC, C52 | X Add |
| | | ORLANDO, FL. 32839 | □Remove |
| | | | □Change |
| | N/A | | □Add |
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| . Effectiv | ve date, if other than the date of filing: | (optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) |
| Note: 11 | ective date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the application of the date on the Department of State's records. | to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) able statutory filing requirements, this date will not be listed as the |
| the record | | me, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 04 DECEMBER 2019 | - A |
| | | <i>1</i> 11 − 49 − 1√ |
| | | THE YOUR |

Filing Fee: \$25.00

Typed or printed name of signee