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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Cor | | | | |
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| | CTRIC AND CONSTRUCTIO | N LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | MARIUSKA BRITO | | | |
| | | Name of Person | | |
| | BRITO TAX AND ACCOUNTING CORP | | | |
| | Firm/Company | | | |
| | 1500 NW 89TH COURT SUITE 108 | | | |
| | Address | | | |
| | DORAL FL 33172 | | | |
| | · | City/State and Zip Code | | |
| | BRITOTAXCORP@GMAI | L.COM to be used for future annual report notif | ication) | |
| For further information c | oncerning this matter, please ca | | (Callon) | |
| MARIUSKA BRITO | | 786 3547694 | | |
| Name o | f Person | at () Area Code Daytime | Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 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 S | | Street Address: Registration Sec | tion | |
| Division of C | | Division of Corp | | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

707

| AAB ELECTRIC AND CONSTRI | UCTION LLC | | |
|---|---|--|-------------------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited L | ny as it now appears on our reliability Company) | ecords.) |
| The Articles of Organization for this Limited L | | were filed on 01/24/2020 | and assigned |
| This amendment is submitted to amend the following | lowing: | | · _1 |
| A. If amending name, enter the new name of | of the limited liabi | ility company here: | |
| NO APPLICABLE | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 1620 SW 126PL MIAMI | FLORIDA 33175 |
| Principal office address MUST BE A STREE | ET ADDRESS) | | |
| | | - | |
| Enter new mailing address, if applicable: | | 1620 SW 126PL MIAMI | FLORIDA 33175 |
| Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | iddress on our records, <u>e</u> | nter the name of the new registered |
| Name of New Registered Agent: | CRUZ DOIME | ADIOS ANDY | |
| New Registered Office Address: | 1620 SW 126PL | | |
| - | | Enter Florida street a | ddress |
| | MIAMI | | _, Florida ³³¹⁷⁵ |
| | | 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, 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 | ARIOSTO ARCE | 12005 SW 110 ST CIRCLE S MIAMI FL 33175 | 🗆 Add |
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| D. If amending any other information NO APPLICABLE | ition, enter change(s) here: (a | Attach additional sheets, if necess | ary.) |
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| . Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D | st be specific and cannot be prior to da lock does not meet the applicable | (option: ate of filing or more than 90 days after fili statutory filing requirements, this day | ing.) Pursuant to 605.0207 (3)(1 |
| the record specifies a delayed effective cord is filed. | e date, but not an effective time, | at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| Dated JUNE 29 | 2020 | | |
| | Cny on luf | | |
| | Signature of a member of authorized | d representative of a member | |
| ANDY CRUZ DOIME. | | | |
| | Typed or printed na | ime of signee | |

Filing Fee: \$25.00