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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor				~,
		ELECTRIC LLC			
SUBJE	СТ:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		SAMUEL RAMIREZ			
			Name of Person		
			Firm/Company		
		664 ROYAL PALM DR			<i>b</i>)
			Address		22 SE
		KISSIMMEE, FL 34743			SEP 20
			City/State and Zip Code		
			to be used for future annual report to	otification)	AH 10: 3
For furt	her information c	oncerning this matter, please c			
Domin	go Abinader, MB.		407 922-9211 at ()		
	Name o	f Person	Area Code Dayı	ime Telephone Number	
Enclose	ed is a check for the	he following amount:			
■ \$25	5.00 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 Sta Certified Copy (additional copy is en	tus &
	Mailing Addres		Street Address: Registration S	Section	
	Registration : Division of C		Division of C		
	P.O. Box 632	27	The Centre o	f Tallahassee	
	Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRASCO ELECTRIC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/15/2020}{2}$ and assigned Florida document number L20000131722 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Grasco Services LLC 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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an effective date is Note: If the date:	other than the da listed, the date must be inserted in this block ive date on the Depa	e specific and ca c does not me	annot be prior t et the applica	o date of filing o ble statutory fi	r more than 90 d	_ (optional) ays after filing.) nts, this date v	Pursuant to 60 vill not be li	05.020' sted a:
record specifies a	n delayed effective d	ate, but not a	n effective tir	ne, at 12:01 a.i	n. on the earlie	er of: (b) The	90th day af	ter the
a is mea.	,		2022					
Dated September	Max			rized representa				

Filing Fee: \$25.00