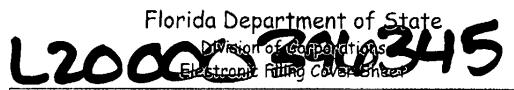
5/5/23, 6:57 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

N&S DESIGN LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

-8 PH 5: 43

MAY 0 9 2023

H23000168541 3 Page 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	N&S DESIGN LLC		
(Name of the Limited)	Liability Company as it now appears riorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabi Florida document number 120000396345	ility Company were filed on	12/18/2020	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
N&S ELECTRIC LLC			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the des	ignation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applicable	le:		
Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing addross MAY BE A POST OFFICE BO	(X)		
B. If amending the registered agent and/or registered office address b		ords, <u>enter the nam</u>	e of the new registered
			202
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	8
		. Florida	PH.
-	City		Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

H23000168541 3
Page 4 of

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 = M $AMBR = A$	lanager .uthorized Member	nber	
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
		<u> </u>	☐ Change
	<u></u>		
			□Remove
			Change
			☐ Add
			□Remove
			☐ Change
			□Add
		-	\Romove

_ Change

Resots

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E If the	of the standard of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. It date inserted in this block does not meet the applicable statutory filing requirements. this date will not be listed effective date on the Department of State's records.
ord spe filed	cifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed√	May 4 2093.
1	Signature of a member of authorized representative of a member
j	STACY A. HEMMINGS

Flling Fee: \$25.00