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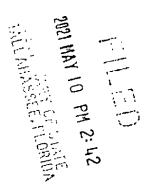
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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
JMC ELEC	TRIC 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:				
	JUSTIN M CODY					
		Name of Person				
	JMC ELECTRIC LLC.					
		Firm/Company				
	2016 7TH CT SW					
		Address				
	VERO BEACH, FL 32962					
		City/State and Zip Code				
	JUSTINCODY 11@YAHO					
		to be used for future annual report not	(fication)			
For further information of	concerning this matter, please c	aii:				
JUSTIN M CODY		772 882-5630 at ()				
Name o	t Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for t	he 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 radditional copy is enclosed)			
Mailing Addre Registration Division of C P.O. Box 63:	Section Corporations	Street Address: Registration Solvision of Co The Centre of	orporations			
Tallahassee, FL 32314		2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F	iability Compan lorida Limited Li	iv as it now appears on our lability Company)	records.)			
he Articles of Organization for this Limited Liability Company were filed on $\frac{\text{APRIL 12TH. 2021}}{\text{L21000168454}}$.			TH, 2021	1 and assigned		
his amendment is submitted to amend the followin	ng:					
. If amending name, enter the new name of the	: limited liabil	lity company here:				
ne new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the designation	on "LLC" or the a	bbreviation "L.L.C."		
inter new principal offices address, if applicable:		2016 7TH CT SW				
Principal office address MUST BE A STREET ADDRESS)		VERO BEACH, FL 32	962	921		
The part of the control of the contr						
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2016 7TH CT SW		10 PM		
		VERO BEACH, FL 32	962	15.		
	<u></u>			15 12		
. If amending the registered agent and/or regis gent and/or the new registered office address he Name of New Registered Agent:		ddress on our records	, <u>enter the nat</u>	ne of the new regis		
	2016 7TH CT SW					
New Registered Office Address: 2		Enter Florida stre	et address			
\	ZERO BEACH		Florida <u>-</u> 3	2962		
_	- 	City	I WINA _	Zip Code		

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

BLOOD BOTH BOTH BLOO

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 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	JUSTIN M CODY	2016 7TH CT SW	
		VERO BEACH, FL 32962	□Remove
			= Change
AMBR	MACLT COOK	2016 7TH CT SW	= Add
		VERO BEACH, FL 32962	Remove
			Remove Change Padd Change Chan
			Padd C
			□Change
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		APR	IL 10TH, 20	21				
ective date, if oth	ter than the date of d, the date must be spe rted in this block doo	eific and cannot es not meet the	applicable st	of filing or more atutory filing r	than 90 days a	otional) fier filing.) Pu this date wil	irsuant to 60 Il not be lis	5,0201 ted as
ite: If the date inser	late on the Departme	ent of State's r	ecords.					
te: If the date inser			etive time, at	12:01 a.m. on	the earlier of:	(b) The 9	0th day afte	er the
te: If the date inser- cument's effective o	layed effective date.	but not an effe						
te: If the date inser- cument's effective of ecord specifies a del	layed effective date.	2021						
n effective date is liste	d, the date must be spe	eific and cannot es not meet the ent of State's r	applicable steerds.	atutory filing r	than 90 days a equirements,	fter filing.) Pu this date wil	ll not be lis	ted

Typed or printed name of signee