## 121000210339

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

REYBRET	ON ELECTRIC LLC			
	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		
		Name of Person		
REYBRETON ELECTRIC LLC				
Firm/Company				
2377 WHITE POPPY DR				
Address				
	KISSIMMEE, FL 34747			
		City/State and Zip Code		
	info@hafaccountingsolutio	ns.com to be used for future annual report not	effication)	
For further information c	oncerning this matter, please c			
ANDREINA PENALVE	ER	407 9107004		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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 additional copy is enclosed:	
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sc	ection	
Division of C	orporations	Division of Co	rporations	
P.O. Box 632	27	The Centre of	Fallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REYBRETON ELECTRIC LLC	SET DEC 21
( <u>Name of the Limited Liability</u> (A Florida	Limited Lighdity Company)
The Articles of Organization for this Limited Liability Collorida document number <u>L21000210339</u>	ompany were filed on 05/05/2021 Find assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
rest registered virtues, radices.	Emer Florida street address
	, Fłorida
	. Florida 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>	Name	Address	Type of Action
MGR	GUSTAVO REYNOSA	9024 SW 215th St	■Add
		CUTLER BAY FL 33189	□ Remove
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l (ffert	tive date, if other tl	han the date of S	Sa.		Secret.	ian t	
If an et! <u>Note:</u>	lective date is listed, the If the date inserted in nent's effective date c	edate must be specific in this block does n	and cannot be pricot meet the appli	<b>or to date of filing o</b> cable statutory fi	more than 90 days after	er filing.) Pursuant to 605	8.0207 r ied as t
e recor rd is fi	rd specifies a delayed iled.	effective date, but	not an effective	time, at 12:01 a.i	n, on the earlier of: (	b). The 90th day afte	er the
	December 16		2021				
Dated	•		- · B.	—· +.			
Dated	<u> </u>		Du 1/16	100.			
Dated	<del></del>	Signature	of p member or puri	क्रमां रहते स्थान्द्रचनात	s e of a member		

Filing Fee: \$25.00