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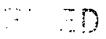
COVER LETTER

TO:

Registration Section Division of Corporations

DAD'S	ELECTRICAL SERVICE L.I	L.C.	
3003EC1.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MICHAEL E. O'BRIEN II	ı	
		Name of Person	
	DAD'S ELECTRICAL SE	RVICE L.L.C.	
		Firm/Company	
	1195 ALMINAR AVE SE		
		Address	
	PALM BAY, FL 32909		
		City/State and Zip Code Chical Service. Con (to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
MICHAEL E. O'BRIE	N II	732 648-4572 at ()	
Name	of Person	Area Code Dayı	time Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre o 2415 N. Mon Tallahassee, I	Section Corporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DAD'S	ELECTRICAL	SERVICE.	L.L.C.

2021 DEC -9 PM 3: 47

(Name of the Limited Liability	ty Company as it now appears of Limited Liability Company)	on our records.)
(A Fiorida	Limited Liability Company)	: FSTATE
The Articles of Organization for this Limited Liability C	Company were filed on05/	19/2021 and assigned
Florida document numberL21000233408		
This amendment is submitted to amend the following:		
the amenanent is submitted to amena the following.		
A. If amending name, enter the new name of the limit	ited liability company here	ā: -
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desi	ignation "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 BOX)		
		1000
B. If amending the registered agent and/or registered	d office address on our rec	ords, enter the name of the new registe
agent and/or the new registered office address here:		, <u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent	and agree to act in this ca	pacity. I further agree to comply with
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent	City d Agent: and agree to act in this ca	, Florida Zip Code upacity. I further agree to comply v

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>	Name	<u>Address</u>	Type of Action
MGR	LOGAN A. GRICE	819 CLIFTON RD SE PALM BAY, FL 32909	= Add
			□Remove
			□Change
MGR	GERALDINE R. KACHINSKY-W CAMPOS	1061 GRAPEFRUIT RD SE PALM BAY FL, 32909	= Add
			□Remove
			Change
			□Add
			□Remove
		,	Change
			□ Add
			□Remove
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