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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: Elatr. Name of Limited Liability	cal Solutions Lie		
The enclosed Articles of Amendment and fee(s) are submitted for	filing.		
Please return all correspondence concerning this matter to the following	owing:		
Times C	Acerador Rojas ne of Person		
Fire	n/Company		
227 Eag	Rodress		
Sehrlog City/Stat	te and Zip Code		
E-mail address: (to be used f	for future annual report notification)		
For further information concerning this matter, please call:			
_ Juan Acarelo at	Jo3, 243 9695		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
Certificate of Status Cer	.00 Filing Fee & S60.00 Filing Fee. rtified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tion ille	Electrical Solutions L.LC.	
(Name of the Limited Liability Company (A Florida Limited Lia	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company w	· · · · · · · · · · · · · · · · · · ·	
Florida document number 121 200 29373	P	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	ECR P	
Entan nam mailing adduses if annihables	SECRETAR TALLAH	t i
Enter new mailing address, if applicable:	アイ	
(Mailing address MAY BE A POST OFFICE BOX)	SSEE S	
	E.F. ST	
B. If amending the registered agent and/or registered office ad	ddress on our records, enter the name of the new register	ec
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is	re

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>	<u>Name</u>	Address	Type of Action
MGR	Justin Acevedo	227 Eagle Aug	Add
		227 Eagle Aug Sebring FL 33870	/ ` □Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
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(If an ef <u>Note:</u>	ive date, if other than the date of filing: S 1 Q (optional)
f the record ecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	3/1 2022
	Signature of a member or authorized representative of a member