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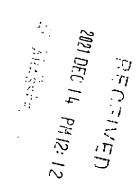
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COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
eup wer. T&C ELEC	TRICAL SERVICES LLC		
SOBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	T. C		
	Terrence L. Chambers	Name of Person	
		Name of Person	
		Firm/Company	
	anda w chare boars		
	8958 W. STATE ROAD 84	·	
		Address	
	FORT LAUDERDALE, FI	L 33324	
		City/State and Zip Code	
	TERRENCELCHAMBERS	-	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	ıll;	
TERRENCE L. CHAME	BERS	407 879-3318 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&C ELECTRICAL SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/29/2021}{1}$ and assigned Florida document number 1.21000298740 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TLC ELECTRICAL SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida _

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>	<u>Address</u>	Type of Action
			□Remove
			Change
	 		□Add
			□Remove
			Change
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot block does not meet the	ie applicable statutoi	ng or more than 90 day ry filing requirement	(optional) s after filing.) Pursuant to s, this date will not be	605.0207 (. listed as th
e record specifies a delayed effect	ive date, but not an eff	ective time, at 12:01	l a.m. on the earlier	of: (b) The 90th day a	ifter the
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DECEMBER 13	202	·1 ———··			

Filing Fee: \$25.00