## KZ1600393396

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Addiess)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

**Registration Section** 

TO:

| Division of Cor                               | porations                                    |   |  |  |  |  |
|---|--|---|--|--|--|--|
| SUBJECT:                                      | Mend   | oza & D Electri <u>c LLC</u>  |  |  |  |  |
| ,   |  | 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:   |  |  |  |  |
|   |  | Mildrey Mendoza Perez   |  |  |  |  |
|   |  | Name of Person  |  |  |  |  |
|   | Me   | Mendoza & D Electric LLC Firm/Company                               |  |  |  |  |
|   |  | <b>гинь сонфану</b>   |  |  |  |  |
|   |  | 1610 N A ST Address   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | ake Worth, FL 33460 City/State and Zip Code                         |  |  |  |  |
|   | N mail address:                              | Tildreelectric@gmail.com<br>to be used for future annual report not | ification  |  |  |  |
| or further information of                     | concerning this matter, please c             |   | Treate All   |  |  |  |
|   | ·  |   | ••   |  |  |  |
| Empy Pena Name of Person                      |  | at ( <u>561</u> ) <u>632-04</u><br>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                                |  | Street Address:   | nation   |  |  |  |
| Registration Section Division of Corporations |  | Registration Section Division of Corporations                       |  |  |  |  |
| P.O. Box 6327                                 |  | The Centre of Tallahassee   |  |  |  |  |
| Tallahassee, FL 32314                         |  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303           |  |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp<br>(A Florida Limited  | pany as it now appears on<br>I Liability Company) | our records.)       |                  |           |
|--|---|---------------------|------------------|-----------|
| The Articles of Organization for this Limited Liability Compan   | y were filed on <b>0</b>                          | 9/02/2021           | and ass          | igned     |
| This amendment is submitted to amend the following:  |   |                     |                  |           |
| A. If amending name, enter the new name of the limited lia   | bility company here:                              | TRANSTRUC           | CK LLC           |           |
| he new name must be distinguishable and contain the words "Limited Liab  | bility Company," the design                       | nation "LLC" or the | abbreviation "L. | 1C."      |
| Enter new principal offices address, if applicable:  | 161   | 0 N A ST            |                  |           |
| Principal office address MUST BE A STREET ADDRESS)   | Lake V  | North, FL 3346      | o ~~             | _ · · _   |
|  |   |                     | 12.0             |           |
|  |   |                     | 21               | •         |
| inter new mailing address, if applicable:  | 16  | 10 N A ST           |                  | •         |
| Mailing address MAY BE A POST OFFICE BOX)  | Lake  | Worth, FL 334       |                  |           |
|  |   |                     | 56               |           |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: |   |                     | me of the new    | v registe |
| Name of New Registered Agent:  | Mildrey Mendoza Perez                             |                     |                  |           |
| New Registered Office Address:   | 1610 N A S  |                     |                  |           |
|  | Enter Florida s                                   | street address      |                  |           |
|  | Lake Worth  | Florida _           | 33460            |           |
|  | City  |                     | 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> | <u>Name</u>            | Address              | Type of Action  |
|--------------|------------------------|----------------------|-----------------|
| MGR_         | Disney Rafael Cantillo | 1610 N A ST          | [ <b>又</b> Add  |
|              |                        | Lake Worth, FL 33460 | Remove          |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_ January 15 gnature of a member or authorized representative of a member Disney Rafael Cantillo

Typed or printed name of signee