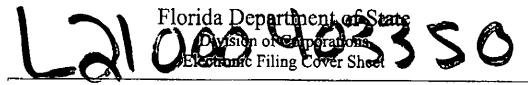
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : 120210000155 Phone : (305)226-8727 Fax Number : (305)226-8767

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emai:	l Address:				
EINGT.	T WARLEDD'		 		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELECTRIC CONTRACTOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

Tallahassee, FL 32303

COVER LETTER

Division of Co	rporations		
SUBJECT:	Electric	Contractor	LLC
<u></u>	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
•	· 5		
	Lucia	Estrella Name of Person	
		Name of Person	
	Licenses &	Permits L	<u>LC</u>
		Firm/Company	
	9300 Wes	+ Flagler Stre	ret #114
	Miami. F	Z 33144 City/State and Zip Code	
		City/State and Zip Code	 -
	acruz.acco	rate e gmail. Co	YY
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please or	alt:	
Lucia	Estrella	at (305) 22k	, 8727
Name o	f Person	Area Code Daytim	e Telephone Number
To I also about 6 a	6.H		
Enclosed is a check for the	_		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of T	
Tallahassee, F	TL 32314		Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Electric Coi	ntractor LLC	
	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number	· ·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ALTURA POWER ELE The new name must be distinguishable and contain the words "Limited is Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	CTRIC LLC Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	fice address on our records, enter the nar Enter Florida street address Florida	ne of the new registered APPROVED AND FILED
	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.

08/29/2022 05:11 (FAX) P.004/006

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 = Ms AMBR = At	anager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			DAdd
			□Remove
			□ Change
			□Add
			□Rcmove
			□ Change
			□Add
			· □Remove
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		· · · · · · · · · · · · · · · · · · ·	□Add
			□ Remove
			☐ Change
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effectiv	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the statutory filing requirements.
Note: 1	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
If the record record is file	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
Dated_	8129122
	Occusioned by:
	Signature of a member or authorized representative of a member
	Osniel Batista Pereira