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## **COVER LETTER**

TO:				
CHD IE		ELECTRICAL SERVICES LI	ıc	
SUBJEC	~1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Corey Bray		
			Name of Person	<del> </del>
Division of Corporations  SUBJECT: TRIPLE C ELECTRICAL SERVICES LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Corey Bray  Name of Person  LegalNature LLC  Firm/Company  8 The Green Suite 4336  Address  Dover, DE 19901  City/State and Zip Code  triplecservices17@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Corey Bray  Name of Person  888  881-1139  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} \times \$30.00 \text{Filing Fee} & \times \$60.00 \text{ Filing Fee}, \times \$				
			Firm/Company	<del></del>
		8 The Green Suite 4336		
	Division of Corporations  TRIPLE C ELECTRICAL SERVICES LLC  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:  Corey Bray  Name of Person  LegalNature LLC  Firm/Company  8 The Green Suite 4336  Address  Dover, DE 19901  City/State and Zip Code  triplecservices17@yahoo.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  rey Bray  Name of Person  Area Code  Daytime Telephone Number  Leosed is a check for the following amount:  1 \$25.00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status			
		Dover, DE 19901		
		<del></del>	City/State and Zip Code	
For firth	er information c		·	xtification)
		oncerning and matter, prease o		
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	Name o	11 0.501	Alea Code Dayes	ne receptione number
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<b>≣ \$</b> 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
		<del>-</del>		
	таналаssee, l	ΓL 32314	2415 N. Monr	oe street, suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ! . . . **OF**

2021 DEC 27 AM 7: 36

TRIPLE C ELECTRICAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company) IALLAHASSE, FL

The Articles of Organization for this Limited I	iability Company	were filed or	09/30/2021	<del></del>	and assigned
Florida document number L21000429574	······································				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility compan	y here:		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company,"	the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A			
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)				
	<del></del>				
B. If amending the registered agent and/or a agent and/or the new registered office address Name of New Registered Agent:	registered office s ss here: N/A	address on ou	ır records, <u>e</u>	nter the name	of the new registered
New Registered Office Address:				<del></del>	
	Enter Florida street address				
	<del></del>	City	<u> </u>	_, Florida	7th Code
New Registered Agent's Signature, if changing	Registered Agent:	City			zφ Code
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office	performance provided for a	of my dutie in Chapter (	es, and I am fa 805, F.S. Or, ij	miliar with and this document is
	If Char	nging Registered	Agent, Signa	ture of New Regis	tered 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	CARSON J CRAWFORD	11053 SENECA LN	
		GLEN ST. MARY, FL 32040	■Remove
MGR	CAMRON J CRAWFORD	11053 SENECA LN	
		GLEN ST. MARY, FL 32040	■ Remove
			□Change
			□Remove
		<del></del>	Change
			□Remove
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(If an effec <u>Note:</u> I	date, if other than the date of filing:	
ne record ord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Ī	cember 21 2021 .	
Dated '		
Dated _	In a second seco	

Filing Fee: \$25.00

Typed or printed name of signee