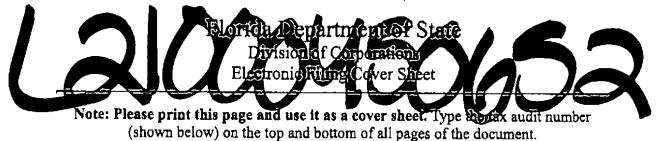
Division of Corporations



(((H23000122450 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. 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 변호호 annual report mailings. Enter only one email address please. ••

က်လွှဲ့ Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEXI SERVICES LLC

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

T. LEMIEUX

APR - 4 2023

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Corporate Filing Menu

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TO:

Registration Section

COVER LETTER

| Division of Co | orporations | · | 1 | |
|--|--|--|---|--|
| | RVICES LLC | • | | |
| SUBJECT: | Name of Lin | mited Liability Company | <u> </u> | |
| | | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | |
| Please return all corresp | condence concerning this matte | r to the following: | | |
| | LUCIA ESTRELLA | | | |
| | | Name of Person | | |
| | LICENSES & PERMITS | rrc | | |
| | | Firm/Company | | |
| | 8300 WEST FLAGLER S | T | | |
| Address | | | | |
| | MIAMI, FL 33144 | | | |
| | | City/State and Zip Code | | |
| | LICENSES 114@GMAIL.C | | | |
| | E-mail address: | to be used for future annual report notific | cation) | |
| For further information of | concerning this matter, please of | ali: | | |
| LUCIA ESTRELLA | | 305 226-8727 at () | | |
| Namo o | of Person | | Telephone Number | |
| Enclosed is a check for t | he following amount; | | | |
| \$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 Address Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section Corporations 27 | Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Tallahassee, FL 3 | orations Ilahassec Street, Suite 810 | |

ARTICLES OF AMENDMENT ... - TO ARTICLES OF ORGANIZATION OF

| KEXI SERVICES LLC | |
|---|---|
| (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company) | ars on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{10}{10}$ | 0/15/2021 and assigned |
| Florida document number L21000450652 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company h | ere: |
| KEXI ELECTRIC SERVICES 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: | le. |
| (Principal office address MUST BE A STREET ADDRESS) | 207 |
| | - , · · · · · · · · · · · · · · · · · · |
| | |
| Enter new mailing address, if applicable: | <u>ن</u> ۲. |
| (Mailing address MAY BE A POST OFFICE BOX) | - 4 |
| | 12.0 Te |
| | |
| B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here: | ecords, <u>enter the name of the new regist</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Flor | rida street address |
| | Florida |

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.

Zip Code

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> | Name | <u>Address</u> | Type of Action |
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| 2. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I | e date of filing: st be specific and cann lock does not meet t | he applicable statu | filing or more than 90 | _ (optional) lays after filing.) Pursuar ents, this date will not | nt to 605.0207 (3)(be listed as the |
| the record specifies a delayed effective ord is filed. | ve date, but not an et | ffective time, at 12 | :01 a.m. on the earli | er of: (b) The 90th d | ay after the |
| Dated MARCH 31 | 20 | 23 | | | |
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Typed or printed name of signee