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COVER LETTER

TO:

	Registration Sec Division of Corp				
IF 6	kratz Electri	cal LLC		•	•
SUBJEC	T:	Name of Lim	ited Liability Company	 	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspoi	ndence concerning this matter	to the following:		
		ELIANE DA SILVEIRA			
			Name of Person		-
		Kratz Electrical LLC			
			Firm/Company	· · ·	_
		1717 Liberty St			
			Address		- 2
		Hollywood, Florida, 33020)		2022.0EC
			City/State and Zip Code		1
		kratzenergy@gmail.com E-mail address: (to be used for future annual report notifi	cation)	, ලා ැ
For furthe	er information co	oncerning this matter, please ca	all:		::: ယ
Eliane da	Silveira		786 355-2173		37
	Name of	Person		Telephone Number	 ध
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
]]]	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite (810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kratz Electrical 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 January 18th 2022 and assigned Florida document number $\frac{L22000019433}{L22000019433}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Victor H. Navarrete	10219 SW 20th CT, Miramar, Florida, 33025	= Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			☐Remove
			□Ghange
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		1	□Add
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			□ Change

	CF
	2- C
	37
	(4 1)
in effective date is listed, the date must be specific and cannot be properly. If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	or to date of filing or more than 90 days after filing.) Pursuant to 605.02 licable statutory filing requirements, this date will not be listed ds.
is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 29th 2022	
, <u> </u>	 ·
Eliane Da Silveira	

E. 635.00