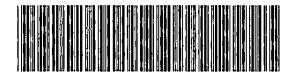
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COVER LETTER

TO: Registration Section Division of Corporations	Te .	
SUBJECT: Name of Limited Liability Company		
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:		
Moberto Resio		
Name of Person		
Firm/Company		
2450 Sw Warwick St C Address City of Port Saint Lucic 34 City/State and Zip Code Reference Lic Of Genaire. E-mail address: (to be used for future annual report of the concerning this matter, please call:	7C ~	engange g 15.20 g 15.2
hobert honi at (56/) 2)	12-7271	
$\frac{ P(t) }{ P(t) } = \frac{ P(t) }{ P(t) } = P$	Daytime Telephone Number	
Enclosed is a check for the following amount:		
□\$25,00 Filing Fee □\$30.00 Filing Fee & □\$55,00 Filing Fee & Certificate of Status □\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address: Registration Section Registration		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MM Electric LLC		
(A Florida Limited (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companies L2200019955.	y were filed on <u>1-10-22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LLC" or	the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		7 <u>2</u> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	
	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 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
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(optional)	fective date, if other than the date of filing:
iling or more than 90 days after filing.) Pursuant to 605.020 tory filing requirements, this date will not be listed z	n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab
	cument's effective date on the Department of State's records.
:01 a.m. on the earlier of: (b) The 90th day after the	ecord specifies a delayed effective date, but not an effective tim is filed.
	November 10 2022
	A
	A

Typed or printed name of signee