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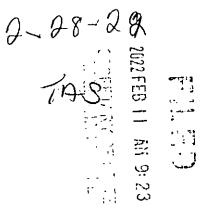
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## **COVER LETTER**

|             | legistration Se<br>Division of Cor |  |   |  |
|-------------|------------------------------------|--|---|--|
| SUBJECT     | _                                  | TRO-MECHANICAL SALES                         | S, LLC  |  |
| SUBJECT     |                                    | Name of Lim                                  | ited Liability Company  |  |
| The enclos  | sed Articles of                    | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please rett | ırn all correspo                   | ndence concerning this matter                | to the following:   |  |
|             |                                    | JAMES L ROY                                  |   |  |
|             |                                    |  | Name of Person  |  |
|             |                                    | SRQ ELECTRO-MECHA                            | NICAL SALES, LLC  |  |
|             |                                    |  | Firm/Company  |  |
|             |                                    | 287 PARK TRACE BLVE                          | )   |  |
|             |                                    |  | Address   |  |
|             |                                    | OSPREY, FL 34229                             |   |  |
|             |                                    | larryroy7@gmail.com                          | City/State and Zip Code   | <del></del>  |
|             |                                    | E-mail address: (                            | to be used for future annual report notification)                       | <del></del>  |
| For further | r information c                    | oncerning this matter, please co             | all;  |  |
| JAMES L     | ROY                                |  | 513 886-4040<br>at ()   | 2022 FEB   |
|             | Name o                             | f Person                                     | Area Code Daytime Telephor  | ne Number  |
| Enclosed i  | s a check for th                   | ne following amount:                         |   | The second secon |
| □ \$25.0¢   | 0 Filing Fee                       | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ : Certified Copy (additional copy is enclosed) | S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)   |
|             |                                    |  |   |  |

Mailing Address:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

SRQ ELECTRO-MECHANICAL SALES, 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 Liab   | oility Company were filed on JANUARY 18, 2022                                | and assigned           |
|--|--|------------------------|
| Florida document number L22000035623   | ·  | and assigned<br>ි      |
| This amendment is submitted to amend the follow  | ring:  |                        |
| A. If amending name, enter the new name of t   | he limited liability company here:   |                        |
| The new name must be distinguishable and contain the wor   | ds "Limited Liability Company," the designation "LLC" or the a               | bbreviation "L.L.C."   |
| Enter new principal offices address, if applicab   | ele:   |                        |
| (Principal office address MUST BE A STREET   | ADDRESS)   |                        |
|  |  |                        |
| Enter new mailing address, if applicable:  |  |                        |
| (Mailing address MAY BE A POST OFFICE BO   | <u> </u>   |                        |
|  |  | <u> </u>               |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address | istered office address on our records, <u>enter the nar</u><br><u>here</u> : | ne of the new register |
| Name of New Registered Agent:  |  |                        |
| New Registered Office Address:   | Enter Florida street address   |                        |
|  | v,nier v torida strevi adaress   |                        |
|  | , Florida  |                        |
|  | 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                               | Type of Action  |
|--------------|-----------------|---------------------------------------|-----------------|
| AMBR         | DONNA L. KRAMER | 287 PARK TRACE BLVD. OSPREY, FL 34229 | □Add            |
|              |                 |                                       | <b>■</b> Remove |
|              |                 |                                       | □Change         |
| AMBR         | JAMES L. ROY    | 287 PARK TRACE BLVD. OSPREY, FL 34229 | <b>=</b> Add    |
|              |                 |                                       | □Remove         |
|              |                 |                                       | □Change         |
|              |                 | <del> </del>                          | □ Add           |
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|              |                 |                                       | □Change         |

| D. If an         | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| <u>Note</u>      | tive date, if other than the date of filing:  |
| If the record is | ord 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 filed. |
| Date             | ADM   |
|                  | Signature of a member or authorized representative of a member  |