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COVER LETTER

TO:

Registration Section

Division of Corporations DSR electrical services LLC SUBJECT: 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: Jacqueline Name of Person ZeriBusiness INC Firm/Company 336 E. College Ave Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfitment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 493-6249 Jacqueline c/o ZenBusiness INC Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60,00 Filing Fee. 'ertificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSR electrical servi	ces LLC		
N	ame of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
 	this Limited Liability Company were fil	ed on <u>03/18/2022</u>	and assigned
Florida document number 1.2200	0135583		
This amendment is submitted to a	amend the following:		
A. If amending name, enter the	e new name of the limited liability con	npany here:	
The new name must be distinguishable	and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices add	ress, if applicable:		
(Principal office address MUST	BE A STREET ADDRESS)		SE 2023
		1	<u> </u>
			P
Enter new mailing address, if a	pplicable:		
(Mailing address MAY BE A RC	•		
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B. If amending the registered a agent and/or the new registered	gent and/or registered office address office address here:	on our records, enter the name of	the new registered
Name of New Registers	d Avent		
_			
New Registered Office	Address:	Enter Florida street address	•
	City	, Florida	ip Code
New Registered Agent's Signatur	·	•	de Com
I hereby accept the appointmer provisions of all statutes relati accept the obligations of my po	at as registered agent and agree to ac we to the proper and complete perform sition as registered agent as provided hange in the registered office addres.	nance of my duties, and I am fami. I for in Chapter 605, F.S. Or, if th	liar with and is document is

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>	<u>Address</u>	Type of Action
MGR	Justin C Fason	po box 713	≣ .Add
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D. If am	ending any other info	mation, enter change(s) here: (Attach ac	dditional sheets, if necessary.)	
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(If an e <u>Note</u> :	ffective date is listed, the dat If the date inserted in the	the date of filing:		
If the reco		ective date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day	after the
Dated	October 18th	. 2022		
	/s.	Dallas s Rodgers		
		Signature of a member or authorized represent	tative of a member	-
	Dallas s Rodgers			_
		Typed or printed name of sign	nee	-

Filing Fee: \$25.00