## LZZ000151951

(Requestor's Name)  (Address)
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(City/State/Zip/Phone #)
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22 MAY 10 AM 11: 53

SECRETARY OF STATE

T. MATTHEWS

JUL 11 2022

## **COVER LETTER**

	ition Section of Corpora			
SUBJECT:	3	ledroman7 Name of Limite	ed Liability Company	1
The enclosed Art	icles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all	corresponde	nce concerning this matter to	the following:	
		Angela	R. Carrizo	
		Elect	Name of Person	
		9073 SW	Firm/Company 162 d CT	
		Miami Fl	Address  33   9.6  City/State and Zip Code	
	_	electromom- E-mail address: (to	The Damail, CO be used for future annual report noti	fication)
For further infor	mation conc	erning this matter, please cal	H:	
Ingel	Name of Pe	Carrizo	at ( <u>305)</u> 7267 Area Code Daytim	e Telephone Number
Enclosed is a che	eck for the f	ollowing amount:		
<b>≨</b> \$25.00 Filin	g Fee i	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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

		<del>-</del>
ARTICLES	OF	ORGANIZATION

Electroman 7 LLC 22.MAY

of the Limited Liability Company as it now appears on our records.)

N FILED STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

22.MAY 10 AM 11: 53

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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>	<u>Address</u>	Type of Action
AMBR	Williams A. Diaz	9073 Sw 162 rd Ct	Ø Add
		Miami F1 33196	□ Remove
			🗆 Change
MBP	Angela R. Carrizo	9073 SW 162rd CT	□Add
	_	Miami F1 33196	[[]Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
	<del> </del>		□Add
			🗖 Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change

an effecti lote:   If t	te, if other than the date of filing:	207     as 1
record s	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
	1 1 200	
ated	April 28 . 2022	
	angla Commy	
	Signature of a member or authorized representative of a member	