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## **COVER LETTER**

	gistration Sec ision of Corp			•
CHD IEZT.	VG TECH E	ELECTRIC LLC		4
SUBJECT:			nited Liability Company	<del></del>
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		MILAGROS VILORIA		
			Name of Person	
			Firm/Company	
		2574 N UNIVERSITY DE	R SUITE 207A	
		SUNRISE FL. 33322	Address	
		SUNKISE P.L. 35522	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For further in	iformation co	ncerning this matter, please c	all:	
MILAGROS	S VILORIA		954 3910812 at ()	
-	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	filing Fee	☐ \$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 tadditional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 1111 22 ...

Zip Code

VG TECH ELECTRIC LLC	2022 JUN 22 AM 8: 51
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	TALLAHASSEE, FU
The Articles of Organization for this Limited Liability Company were filed on 05/20/2022	and assigned
Florida document number 1.22000237538	
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" of	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)	
<del></del>	<del></del>
B. If amending the registered agent and/or registered office address on our records, <u>enter th</u> agent and/or the new registered office address here:	e name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Flori	da

## 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.

City

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	LUIS VILLA	11201 SW 13TH STREET APT,202	<b>≣</b> Add
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Signature of a member of authoriz	and an aggregation of	a mamber	
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