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COVER LETTER

| ro: Registration Se Division of Cor | | | |
|--|--|--|--|
| SUBJECT: | Electrico Serv | IICES LLC Ited Liability Company | |
| | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter t | to the following: | |
| | Darre | 11 L. Carter Name of Person | |
| | | Firm/Company | |
| | 948 1 | as Navas PL Address | |
| | St Al | City/State and Zip Code CDINC @ GMail. o be used for future arrival report notific | 32092 |
| | electri E-mail address: (t | CDINC @ g mail. | COM cation) |
| For further information c | oncerning this matter, please ca | | , |
| Darrell Name o | Carter | at (904) 463 Area Code Daytime | -8412 Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fec | ☐ \$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 Addres Registration S | | Street Address: Registration Sect | ion |

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

| Electrico Servici | |
|---|---|
| (Name of the Limited Liability Con (A Florida Limit | mpany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L2200243360</u> | pany were filed on 05/25/2022 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | liability company here: |
| The new name must be distinguishable and contain the words "Limited Li | Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 52 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ice address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , 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 |
|----------------|----------------|------------------|----------------|
| MGK | Pamela Carter | 948 Las Navas PL | 🗆 Add |
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| | | 32092 | □Change |
| AP | Dowson Carter | 948 Las Navas Pl | □Add |
| | | St Augustine a | PRemove |
| | | 32092 | □Change |
| AP | Cameron Carter | 948 Las Navas Pl | |
| | | St Augustine fl | ₩Remove |
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| 1 P | Zach Carter | 948 Las Navas PL | □Add |
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| reffectiv <u>te:</u> If th | date, if other than the date of filing: |
| cord sp s filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ted | august 23, 2022. |
| | |
| | July State |
| | Owsust 23, 2022. Signature of a member or authorized representative of a member |