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(Re	questor's Name)	
(Ad	dress)	- •
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(Cit	y/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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COVER LETTER

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Registration Section Division of Corporations

TO:

CONTRACTOR CONTRACTOR	CTRICĂ LLC	· ·	-	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Pascal Gibert			
		Name of Person		
	Best Options LLC			
		Firm/Company		
	1145 Via Jardin -			
	-	Address		
	West Palm Beach, FL 334	18		
		City/State and Zip Code		
	pgibert@bestoptionsllc.con		<u> </u>	
	E-mail address: (to be used for future annual report not	ification)	
For further information co	oncerning this matter, please c	all:		
Pascal GIBERT		561 214-2328 at ()		
Name of Person Area Code Daytime To		ne Telephone Number		
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional 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		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECK ELECTRICÀ LLC		
(<u>Name of the Limited Liaf</u> (A Flor	pility Company as it now appears on our records ida Limited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
TECK ELECTRIC LLC		
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or register	red office address on our records, enter	the name of the new register
igent and/or the new registered office address here	<u> </u>	
Name of New Registered Agent:	J. 194	
Non Donistant Office Address.		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Fla	ərida
	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>	<u>Address</u>	Type of Action
AMBR	DECOEUR, JONATHAN D	1561 BOUVIER ROAD	
		CLARENCE CREEK, ON K0A 1N0	□Remove
		CANADA	■ Change
			🗀 Add
			□Remove
			□ Change
			□Add
		□Remove	
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change
	- Language		□Add
		□Remove	
			Change

D. It amending any other imort	nation, enter change(s) here: (Attach additional sheets, i	y necessary.)

41-de-te-t		
		
		
 		
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	nust be specific and cannot be prior to date of filing or more than 90 day block does not meet the applicable statutory filing requirement	
f the record specifies a delayed effectecord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated	2022	
TA.	Recee	
	Signature of a member or authorized representative of a member	
Jonatahn Decoeur		
	Typed or printed name of signee	·

Filing Fee: \$25.00