Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

<u>:</u>:

Account Name : KIM MARKS CPA
Account Number : 120120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNLIMITED CIRCUIT BREAKERS LLC

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JAN 19 2023

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2022 JAN 18 AM 11: 27

UNLIMITED CIRCU	in annument to a
1. ING J. ING J. J. P. C. J. J. J. K. G. J. J.	II KKYAKPKSIII'

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	,	
The Articles of Organization for this Limited Liability Florida document number		and assigned
Florida document number	•	
This amendment is submitted to amend the following:	!	
A. If amending name, enter the new name of the li	mited liability company here:	
POWER CIRCUIT BREAKERS LLC		
The new name must be distinguishable and contain the words "I	Imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	npecci	
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, <u>ent</u>	er the name of the new register
agent and/or the new registered office address here	!	
Name of New Registered Agent:		
Name of New Addistract Agent.		
New Registered Office Address:		
•	Enter Florida street addi	ES
		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 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>	Name	Address	Type of Action
			□ Add
			□ Remove
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			□Remove
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