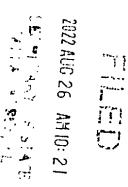
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT M (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Na	ime)
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Office Use Only



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Eda John

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Lawhon Electric llc SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tiffany Lawhon Name of Person Firm/Company Address City/State and Zip Code pratttiffany651421@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian Lawhon Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **□** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

company has been notified in writing of this change.

DocuSign Envelope ID: 4B6916D3-6040-436E-8BB3-65F053AEC2B4 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Lawhon Elecrt	-		=		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lial	as it now appears on oility Company)	our records.)			
Ç	,				
The Articles of Organization for this Limited Liability Company we	ere filed on	08/08/2022	and assigned		
Florida document number L22000340474					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	y company here:				
Lawhon Solutions llc					
The new name must be distinguishable and contain the words "Limited Liability	Company," the desig	nation "LLC" or the abbr	reviation "L.L.C."		
Enter new principal offices address, if applicable:					
• • • • • • • • • • • • • • • • • • • •			-		
(Principal office address MUST BE A STREET ADDRESS)			~ ~		
-			<u>. 622</u>		
		· · · · · · · · · · · · · · · · · · ·	#UG "T"		
Enter new mailing address, if applicable:		ىقى تىر	2		
(Mailing address MAY BE A POST OFFICE BOX)		??	7		
			<u> </u>		
B. If amending the registered agent and/or registered office ade	dress on our reco	rds, enter the name	-		
agent and/or the new registered office address here:					
Name of New Registered Agent:					
····					
New Registered Office Address:	Enter Florida ;	street address			
	Linto I nortal su est address				
	Cin	, Florida	Zip Code		
	City		zip Coae		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree					
provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro					
accept the obligations of my position as registered agent as pro	maea jor in Cha _i	hoter 005, r .5, Or , tj	inis aocument is		

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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II amending Authorized rerson(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
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			Change
			□Add
			Remove
			Change
			□Add
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fective date, if other than to n effective date is listed, the date in te: If the date inserted in this cument's effective date on the	s block does not meet	the applicable s	e of filing or more statutory filing r	(opti than 90 days afte equirements, thi	onal) r filing.) Pu s date wil	rsuant to 6 I not be li	.05.020 isted a:
ecord specifies a delayed effectis filed.	rtive date, but not an e	effective time, a	at 12:01 a.m. on	the earlier of: (t) The 90	Oth day at	ter the
ted	8/19/202	22					
	Tillann	Lawhon					
	Tiffany . Signature of a mem	ber or authorized	representative of	a member			