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1022 SET -9 PT 12: 14.2

of 9/9/2022

COVER LETTER

SUBJECT: <u>Numtessential Electrical LLC</u> Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Clive Miller
Quintesectual Electrical, LLC.
4730 NW 10th Court #216
Plantation, Fl 33313
City/State and Zip Code Quintesentialelectricalle amail. (DM E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
Clive Miller at 561 727 - 7247 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations P.O. Box 6327 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

ARTICLES OF O	RGANIZATION	
	F	2022 C. Suite
Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	2022 SEP - 9 PH 12: 42
The Articles of Organization for this Limited Liability Company Florida document number 1220034683	were filed on 8/8/203	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty 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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	Citi	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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

Type of Action <u>Address</u> Title Clive Miller 4730 NW10th Court #216 ZAdd __ □Change □Remove _ DChange ____ □Remove _____ Change _____ Remove _____ Change □Add Remove ☐ Change _ 🗆 Add Remove _____ □Change

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3): Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
<u> </u>
Dated September 9. 2022.
Signature of a member or authorized representative of a member V V V Typed or printed name of signee

Filing Fee: \$25.00