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To:

Division of Corporations

Fax Number : (850)617-6383

From:

1 .

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (614)573-3996

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 PRECISION ELECTRIC OF LAKELAND, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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M. SOLOMON

JUN 18 2024

DocuSign Envelope ID: FDDAA109-FE6A-44C8-8C73-79DBEBA1C0A4

ARTICLES OF AMENDMENT TO

	ORGANIZATION OF	•
Precision Electric of Lakeland, LLC		
(Name of the Limited Liability Com- (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000393087</u>	y were filed on 09/13/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/Aalob		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	24 ¥55 24
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	13 100 000 000 000 000 000 000 000 000 00
(Mailing address MAY BE A POST OFFICE BOX)		22
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	, Florid	Ja

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

City

Zip Code

To:

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11 amenuing Authorized rerson(s) authorized to manage, enter the fitle, 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
MGR	David M. Filipowski	2730 MINE & MILL RD.	🗀 Add
		LAKELAND, FL 33801	≣Remove
1			□ Change
Officer	David M. Filipowski	2730 MINE & MILL RD.	≣ Add
		LAKELAND, FL 33801	□Remove
			□ Change Sch
			□ Add Signal Control
t			☐Change
			□Add
			Петоve
			□Change
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			□Remove
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From, Kaity Toon

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E. Effective date, if other than the date of filing than effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of S	d cannot be prior to meet the applicab	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Pursuar rements, this date will not	ni to 605. t be liste	0207 (3)(b) d as the
If the record specifies a delayed effective date, but not record is filed.	: an effective tim	e, ar 12:01 a.m. on the c	earlier of: (h) The 90th o	lay after	the
Dated	. 2024	. •			
	David	. Filipowski			
Signature of a	member or बंगितिकी	200 representative of a me	mber		
		ilipowski name ofsignee			