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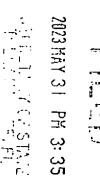
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Y. SCOTT

JUL 2 3 2023

COVER LETTER

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TO:

Registration Section Division of Corporations

Name of Limi	ited Liability Company		
	ice Electricy Company		
endment and fee(s) are sub	mitted for filing.		
ence concerning this matter	to the following:		
Shareka Charles			
	Name of Person		
	Firm/Company		
525 Hardwood Circle		20	
Orlando, Fl 32828	Address	23 HAY 23	5 A 75 B 1 1144 484
	City/State and Zip Code	* * * * * * * * * * * * * * * * * * * *	∮ -71
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E-mail address: ()	to be used for future annual report notif		لعيب
erning this matter, please ca	all:	F: 3	
	786 488-4825 at ()		
rson	Area Code Daytim	e Telephone Number	
ollowing amount:			
■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy	
porations	Division of Cor The Centre of 1	porations allahassee	
	Shareka Charles 525 Hardwood Circle Orlando, Fl 32828 admin@hi5eventllc.com E-mail address: (interning this matter, please can be continued by the continue	Firm/Company 525 Hardwood Circle Address Orlando, Fl 32828 City/State and Zip Code admin@hi5eventllc.com E-mail address: (to be used for future annual report notifierning this matter, please call: at (786	Shareka Charles Name of Person

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our rec Liability Company)	ords.)				
y were filed on September 16,	2022 and assigned				
bility company here:					
pility Company," the designation "I	LLC" or the abbreviation "L.L.C."				
1802 N Alafaya Trail					
Orlando, Fl 32828	2073				
1000 N. Alafana Tasil	· · · ·				
-					
Orlando, FL 32828	<u> </u>				
	<u> </u>				
	ter the name of the new registere				
Enter Florida street address					
	Florida				
City Florida Zip Code					
<u>t:</u>					
te performance of my duties	I further agree to comply with th , and I am familiar with and 95, F.S. Or, if this document is a that the limited liability				
	bility company here: bility Company," the designation "I 1802 N Alafaya Trail Orlando, Fl 32828 1802 N Alafaya Trail Orlando, FL 32828 e address on our records, en City t: gree to act in this capacity. It is performance of my duties				

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
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te: If the date inserted in this	block does not me	et the applicable	statutory filing	requirements, t	his date	will no	t be listed
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ted May 15	<u> </u>	2023	•				
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		-	ed representative o				<u>_</u>
	Signature of a me	mber or authorize	ed representative o	l a member			