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SECRETARY OF STATE
TALL AMASSLE, FLORIDA

COVER LETTER

	r Electric LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
	Sonny Hill		
		Name of Person	
	Hill Kiser Electric LLC	Name of Person *Electric LLC Firm/Company 24 Address OK 73437 City/State and Zip Code **Beginail.com E-mail address: (to be used for future annual report notification) s matter, please call: at (
	Articles of Amendment and fee(s) are submitted for filing. Sonny Hill Name of Person		
Division of Corporations Hill Kiser Electric LLC Name of Limited Lishility Company			
		Address	
	Graham, OK 73437		
	Name of Person Hill Kiser Electric LLC Firm/Company PO Box 124 Address Graham, OK 73437 City/State and Zip Code ahiH1996@gmail.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: 1580 467-1491		
			otification)
For further information	i concerning this matter, please cal	lt:	
Sonny Hill			
Name	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hill Kiser Electric LLC			
(<u>Name of the Limited Liability Comp</u> s (A Florida Limited	nny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Torida document number <u>L22000510716</u> .	were filed on 12/05/2022		and assigned
this amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	a "LLC" or the abbrev	iation "L.L.C."
nter new principal offices address, if applicable:			20 20 20
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	PO Box 124	13. E. S.	
Mailing address MAY BE A POST OFFICE BOX)	Graham, OK 73437		<u>မှ</u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name of	the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
		, Florida	
	City		Lip 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 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>	Address	Type of Action
AMBR	Brennen Kiser	640 Lagoon Oaks Cir	
		Panama City, FL 32408	■Remove
			□Add
			□Remove
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ective date, if other than the offective date is listed, the date must	late of filing;	to date of filing or more than	(optional) i 90 days after filing.) Pursuant to 60	5.020
(e) If the date inserted in this blo ument's effective date on the De	ck does not meet the applic	able statutory filing requi	rements, this date will not be list	ted a
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cord specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (h) The 90th day afte	er the
s filed.			•	
October 21	2024			
	2024			
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<u>&</u>	organiture of a number of auth	orized representative of a me	mber	

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Filing Fee: \$25.00