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| Special Instructions to F | iling Officer: | |
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COVER LETTER

Registration Section

TO:

| Division of Corp | | • | | • |
|---------------------------------|--|---|--|------------------|
| SUBJECT: FRL | ELECTRICA | of Services | LLC: | |
| | Name of Lin | nited Liability Company | | |
| | | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspon | dence concerning this matter | to the following: | | |
| | FARY | LAN OG P LAN | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 8415 | SW 129 761 Address | L. | |
| | | Address | | 2023 |
| | | City/State and Zip Code | | |
| | | City/State and Zip Code | ; ^ ^ ' | - Θ |
| | F mail address: | (to be used for future annual report notif | Section) | |
| For firsther information ac- | | • | fication) | |
| roi iuitilei iiioimation coi | ncerning this matter, please o | zaii. | 5 | 7 57 |
| | | at () | | |
| Name of I | Person | Area Code Daytime | e Telephone Number | |
| Enclosed is a check for the | following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Cop (additional copy) | f Status & py |
| Mailing Address: | | <u>Street Address:</u> | | |
| Registration Se | | Registration Sec | | |
| Division of Co P.O. Box 6327 | | Division of Corp The Centre of T | • | |
| Tallahassee, FI | 1.32314 | | Street Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FRL EL | ECTRICAL | Services | Lil | |
|---|--|--|--------------------|------------------|
| (Name of the Limite | ed Liability Company a (A Florida Limited Liabi | s it now appears on our r lity Company) | ecords.) | |
| The Articles of Organization for this Limited Lia Florida document number <u>LZ36000</u> | ability Company wer | re filed on <u>D2/0</u> / | 1/2023 | _ and assigned |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | the limited liability | company here: | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liability C | Company," the designation | "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applica | able: | | | |
| (Principal office address MUST BE A STREE) | T ADDRESS) | <u></u> | <u>က</u> | 2023 |
| | | | Meg. | <i>⇔</i> ~~~ |
| | | | <u> </u> | |
| Enter new mailing address, if applicable: | | | 35 | œ : <u> </u> |
| ~ · · · · · · · · · · · · · · · · · · · | _ | | - <u>- 25</u> | 7 |
| (Mailing address MAY BE A POST OFFICE I | <u> </u> | | | 0 |
| | _ | | | <u>'n ''</u> |
| B. If amending the registered agent and/or re agent and/or the new registered office address | | ress on our records, <u>e</u> | nter the name o | f the new regi |
| Name of New Registered Agent: | · | | | |
| New Registered Office Address: | | | | |
| | | Enter Florida street a | ddress | |
| | | | _, Florida | |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing R | egistered 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 |
|--------------|------------------|------------------|---|
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| ective date, if other than the date of filing: | (op | tional) | | |
| n effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing re | | | | |
| cument's effective date on the Department of State's records. | | | | |
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| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a stilled. | the earner or: | (b) The | 90th da | y anter in |
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| ted $08/14/2023$, $08/14/2023$ | . 1 | 1 | | |
| ful) | Mel | / · | | |
| Signature of a member or authorized representative of Fray Jan 21 + 6 Heild 15 Typed or printed name of signee | | • | | |