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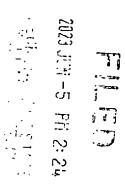
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**Y. SCOTT**JUL ? 9 2023

## **COVER LETTER**

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CHD HICT.		AND RESIDENTIAL ELECTI	RIC	
SUBJECT:	· .	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		KRISTIAN MAZZONI		
			Name of Person	
			Firm/Company	
		1511 KELYN DR		2023 JUN -5
			Address	
		LONGWOOD FLORIDA	A 32779	
			City/State and Zip Code	P 2
		giantmozo@yahoo.com  E-mail address: (	to be used for future annual report no	
For further	information c	oncerning this matter, please ca	•	; <u>"</u>
KRISTIAN	MAZZONI		407 749-3083	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
☐ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres	<del></del> -	Street Address: Registration S	ection
Di	vision of C	orporations	Division of Co	prporations
	O. Box 632		The Centre of	
1.3	illahassee. I	"レ 34314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ALL E.V. AND RESIDENTIAL ELECTRIC LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{2/28}{2023}$ and assigned Florida document number 1.23000106680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KRISTIAN MAZZONI SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1511 KENLYN DR Enter new principal offices address, if applicable: LONGWOOD FLORIDA 32779 (Principal office address MUST BE A STREET ADDRESS) 1511 KENLYN DR Enter new mailing address, if applicable: LONGWOOD FLORDA 32779 (Mailing address MAY BE A POST OFFICE BOX) j J : B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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

Florida

Zip Code

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>	Name	Address	Type of Action
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			□Remove
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Typed or printed name of signee

Filing Fee: \$25.00