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S. ROBERTS MAY 2 6 2023

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	CTRICAL SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL CUMBIE		
		Name of Person	
	MTC ELECTRICAL SOL	UTIONS LLC	
		Firm/Company	
	7714 115TH AVENUE EA	AST	
	· · · · ·	Address	.=
	PARRISH, FLORIDA 342	119	
		City/State and Zip Code	
	MIKECUMBIE88@GMAI	L.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
MIKE CUMBIE		941 504-0851 at ()	
Name o	rt Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of '	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTC ELECTRICAL SOLUTIONS LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on MARCH 17, 2023	and assigned
Florida document number 1.23000138362		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· ·· ·
		group Mare 1-1
		ر ن ر
 If amending the registered agent and/or registered office ad gent and/or the new registered office address here; 	dress on our records, <u>enter the nan</u>	ne of the new regis
Name of New Registered Agent:	· · ·	
New Registered Office Address:	Catan Chaida amanta dhee	
	Enter Florida street address	
	Florida	Zin Code
	City	ир Соае

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>	<u>Address</u>	Type of Action
MGR	MICHAEL CUMBIE	7714 115TH AVENUE EAST	= Add
		PARRISH, FL 34219	□Remove
			Change
			□Add
			□Remove
			☐ Change
			\ \ \ \
			□Remove
			□ Change
			□Add
			Change
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			□Change
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			□Remove
			□Change

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Note: [The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated APRIL 3 2023 Signature of infention of authorized representative of a member.				
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