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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | | |
| Special instructions to | Filing Officer. | |
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2023 JUL 19 PM 1: 21

COVER LETTER

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| enn mere. | Phase Volta | ige Electrical Services LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The englace | d Articles of | Amendment and fee(s) are sub | mitted for filing | |
| | | ondence concerning this matter | - | |
| | | Henry Valera | | |
| | | | Name of Person | |
| | | Phase Voltage Electrical S | ervices LLC | |
| | | | Firm/Company | |
| | | 1129 Dogwood Ave | | |
| | | | Address | |
| | | Tampa FL 33613 | | |
| | | | City/State and Zip Code | |
| | | henryvalera67@gmail.com | to be used for future annual report notif | fication) |
| For further i | nformation c | oncerning this matter, please ca | | , |
| Henry Vale | ra | | 813 468-7392 | |
| | Name o | f Person | at () Area Code Daytime | e 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) |
| Re | ailing Addres | Section | Street Address: Registration Sec | |
| Di | vision of C | orporations | Division of Cor | porations |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phase Voltage Electrical Services LLC

2023 JUL 19 PH 1: 2L

| (A Florida Limited | pany as it now appears on our records.) I Liability Company) |
|---|---|
| | ALL ANATSTELL F |
| The Articles of Organization for this Limited Liability Company | y were filed on March 22, 2023 and assigned |
| lorida document number 1.23000146253 | |
| | |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lial | bility company here: |
| | |
| he new name must be distinguishable and contain the words "Limited Liab | pility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| | |
| inter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| 3. If amending the registered agent and/or registered office | address on our records, <u>enter the name of the new reg</u> |
| gent and/or the new registered office address here: | |
| <u> </u> | |
| | |
| Name of New Registered Agent: | |
| Name of New Registered Agent: | |
| | Enter Florida street address |
| Name of New Registered Agent: | Enter Florida street address , Florida City: Zip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|------------------|-----------------|
| MGR | Henry Valera | 1129 Dogwood Ave | □Add |
| | | Tampa FL 33613 | □Remove |
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| | e specific and cannot be pri | ior to date of filing or mor | optional To than 90 days after filin To quirements, this dat | g.) Pursuant to 605,0207 (|
| on effective date is listed, the date must boote: If the date inserted in this block | k does not meet the appartment of State's record | ds. | | e will not be fisted as t |
| an effective date is listed, the date must bote: If the date inserted in this block beament's effective date on the Department specifies a delayed effective of | artment of State's record | ds. | | |
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| ffective date, if other than the data effective date is listed, the date must be office. If the date inserted in this block occument's effective date on the Department specifies a delayed effective date of the | artment of State's record | ds. e time, at 12:01 a.m. or | i the earlier of: (b) T | |