L23000155514

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R. HUNT 06/15/23

COVER LETTER

Division of Co		•		
EDISON F	TRE & SECURITY, LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	EDISON PORTORREAL			
		Name of Person		
	EDISON PORTORREAL			
		Firm/Company	# PS3	
	3370 STONEWYCK ST			
	ORLANIXO, FL 32824	Address	15 PH	
	PH 7: 32 SEE. FL			
	E-mail address: (to be used for future annual report not	ification)	
	concerning this matter, please c	alt:		
LUCIA MONTISANO		786 234-1579		
Name (of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Cor	rporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDISON FIRE & SECURITY, 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 MARCH 28, 2028 and assigned Florida document number 1.23000155514 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EDISON FIRE & ELECTRICAL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab 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) 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.

City

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>	Name	<u>Address</u>	Type of Action
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ective date, if other than the date of filing:	(optional)	
ective date, if other than the date of filing:	in 90 days after filing.) Pursuant to 60 tirements, this date will not be lis	5,0 <mark>2</mark> 0 ted a
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the s filed.	earlier of; (b) The 90th day after	er the
ed		
Signature of a member or authorized representative of a m	iember	