L23000116888

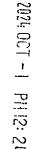
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	LUMIL	5

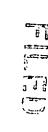
Office Use Only



400437349344

10/01/24--01032--025 **25.00





COVER LETTER

	Registration Se Division of Cor			
CUBICA		CTRIC, LLC		
SUBJEC	TT:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		SYLVIA ALVAREZ		
			Name of Person	
		BLUE OCEAN MULTI-	SERVICES, INC	
			Firm/Company	
		P.O. BOX 242		
			Address	
		LEHIGH ACRES, FL 33	970	
			City/State and Zip Code	
		BLUEOCEANMULTISE	_	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please c	all:	
SYLVIA	A ALVAREZ		239 645-0375 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.0	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 Sec	tion
Division of Corporations		Division of Corporations		
	P.O. Box 632		The Centre of Ta	
	Tallahassee, 1	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMR ELECTRIC, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document numberL23000176888		were filed on	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
BMR REMODELING HANDYMAN, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		410 ROBERT AVE	
(Principal office address MUST BE A STREET ADDRESS)		LEHIGH ACRES, FL 33936	202
,			9 77
Enter new mailing address, if applicable:		SAME AS PRINCIPAL	1 3
(Mailing address MAY BE A POST OFFICE BOX)			70
			2
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florid	la
		City	Zin 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, 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
N/A	N/A	N/A 	
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
		 	□Change
			□Add
			□Remove
			□Add
			□Remove
			□ Chara

D.	ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
	-	······································
	•	
	-	
	-	· · · · · · · · · · · · · · · · · · ·
	-	
	-	
	•	
		
	•	
	-	
	-	
	-	
	-	
	Note:	tive date, if other than the date of filing:
	record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
]	Dated	9/12 2024
		Signature of a member or authorized representative of a member
		DANIEL A. HIERREZUELO

Typed or printed name of signee