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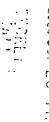
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COVER LETTER

TO: Registration Sec Division of Corp			
	ECTRIC LLC		
SUBJECT:	Name of Limit	red Liability Company	
The analogue Agricular of	Amendment and fee(s) are subt	nitted for filing	
	ndence concerning this matter (
	FELIPE IGNACIO DIAZ I	PEREZ	
		Name of Person	
	MASSI ELECTRIC LLC		
		Firm-Company	
	6630 WINDING OAK DR		
		Address	
	TAMPA FL 33625		
		City/State and Zip Code	
	FELIPEHGNACIO7@GM/		
	E-mail address: (to be used for future annual report no	ification)
For further information of	concerning this matter, please or	ull:	10. C3.
FELIPE IGNACIO DIA	AZ PEREZ	813 4246515	(** 1.50
Name o	of Person	Area Code Daytii	ne Telephone Number
			; <u></u>
Enclosed is a check for t	he following amount:		
S25.00 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 ropy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 63.	27	The Centre of	
Tållahassee,	FL 32314	2415 N. Mont	oe Street, Suite 810

"Con we" .

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASSI ELECTRIC LLC			
Name of the Limited Liability (A Florida L	Company as it now appears on our records amited Liability Company)	⁷)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 06/06/2023	and assigned	
Florida document number L23000273398	÷		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
Truthing than the same of the			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Flo	orida Zip Code	
	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 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>	Address	Type of Action
AMBR	ROMINA C MASSIGNOTTI	6630 WINDING OAK DR	■ Add
		TAMPA FL 33625	
			DChange
			□Add
			□Remove
			□Remove
_			∃Cliange
			□Remove
			□Remove
			JAdd
			□Change

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Signature of thember or authorized representative of a member) <u>.</u>				
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Filing Fee: \$25.00