1/29/24, 1:30 PM

Division of Corporations

H24000038750 3

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(((H24000038750 3)))



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ? ELECTRICAL ESTIMATION SERVICES LLC

Certificate of Status

Certified Copy 0 Page Count Estimated Charge \$25.00

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu Help JAN 3 0 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240000387503

Electrical Estimation Services LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.23000367333}{1.23000367333}$	any were filed on <u>08/04/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Southern Electrical Solutions LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	ne naměřořího nev registe
Name of New Registered Agent:		D 4 3:40
New Registered Office Address:		m o
	Enter Florida street address	
	, Flor	
	Ciņ	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>	Name	Address	Type of Action
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change

	<u> </u>		**	
				
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	1			
Tective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block becoment's effective date on the Dep	be specific and cannot be pric ok does not meet the appli	icable statutory filing		g.) Pursuant to 605,0207
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. of	n the earlier of: (b) T	he 90th day after the
	202.1			
January 29th		 ,		
ated	ignature of a member or auti			

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Filing Fee: \$25.00