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COVER LETTER

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: LAYTO	N ELECTRIC & CONTROLS LLC
SUBSECT:	
The enclosed Articles of An	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	JOHN R LAYTON
	Name of Person
	LAYTON ELECTRIC ZONTROLS LLC
	Firm/Company
	1591 SE FLINTLOCK RD
	PORT ST LUCIE FL, 34952
	City/State and Zip Code JOHN RLAY TON 89 @GMAIL. COM
-	
For further information conc	· · · · · · · · · · · · · · · · · · ·
JOHN R LAYT	on at 224, 715-8111 = 55 13 7
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy radditional copy is enclosed) Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAYTON ELECTRIC & CON	strois ill
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000545425</u> .	by were filed on $\frac{12/(2/23)}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	ability Company," the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	ee address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address OF P
	. Florida での デーー Code
New Registered Agent's Signature, if changing Registered Agen	nt:

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
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ne recor ord is fil	d specifies a delayed eff ed.	ective date, but r	not an effective tin	ie, at 12:01 a.m. c	on the earlier of: (b	The 90th d	iay after th	ne
Dated	DECEMBER	1274	. 2023	/				
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			11-1	1972				

Typed or printed name of signee