Division of Corporations

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Florida Department of State Division of Corporations onic Filling Cover

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : API PROCESSING Account Number : I20110080069 Phone (954)567-0013 Fax Number : (954)567-3401 Enter the email address for this business entity to be used for future க் annual report mailings. Enter only one email address please.** Email Address: kathy@apiprocessing.com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HYTEK ELECTRIC LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

НҮТ	TEK ELECTRIC LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	01/01/2024	and assigned
Florida document number	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "LLC" or the a	bbreviation 'B.C."
Enter new principal offices address, if applicable:			्रिके का स्थाप
(Principal office address MUST BE A STREET ADDR.	ESS)		B
			SSE A TI
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			32 32
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	cords, enter the nar	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	City	, Piorida	Zip Code
New Registered Agent's Signature, it 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

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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	JESUS C. SERRANO	10901 ANGEL WING DRIVE	
		TAMARAC, FL 33321	■Remove
AMBR JESUS CARDENAS SERRANO	JESUS CARDENAS SERRANO	10901 ANGEL WING DRIVE	= Add
	TAMARAC, FL 33321	□Remove	
		□ Change	
	_	DAdd	
		Remove	
		Change	
		□Add	
		□Remove	
			□Change
		□Remove	
			Change
		□Remove	
			□Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
<u></u>	
_	
	1

(If an effect Note: If	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
the record s cord is filed	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
Dated _	eb 5, 2024
	Signature of a member or authorized representative of a member
	JESUS CARDENAS SERRANO
	Typed or printed name of signee