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## **COVER LETTER**

TO:

**Registration Section** 

Divi	ision of Cor	porations				
CHRIPAT	FRANKLI	N ELECTRIC SOLUTION LL	С			
SUBJECT:		Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		EDWIN R RAMIREZ				
			Name of Person	<del></del>		
		FRANKLIN ELECTRIC S	SOLUTION LLC			
			Firm/Company	<del></del>		
		10113 SANDY HOLLOW	LN APT 502			
			Address			
		BONITA SPRINGS, FL 3	4135			
		castilloed1088@gmail.com	City/State and Zip Code			
			to be used for future annual report	notification) .		
For further in	iformation co	oncerning this matter, please ca	all:			
EDWIN R R	AMIREZ		239 710-316	08		
	Name of	f Person		rtime Telephone Number		
Enclosed is a	check for th	e following amount:				
<b>≅</b> \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Reg Div P.C	ling Address gistration S vision of C D. Box 632 lahassee, F	Section orporations 7		Section Corporations of Tallahassee proe Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANKLIN ELECTRIC SOLUTI		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number		26/2023 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
		7.
B. If amending the registered agent and/or		cords, enter the name of the new regist
agent and/or the new registered office addre	ss nere:	-
Name of New Registered Agent:	EDWIN R RAMIREZ	
New Registered Office Address:	10113 SANDY HOLLOW LN AP	T 502
<u>.:</u>	Enter Flori	da street address
	BONITA SPRINGS	, Florida 34135
	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>	Name	Address	Type of Action
MGR	EDWIN EDWIN E, SR	10113 SANDY HOLLOW LN	□ Add
		BONITA SPRINGS, FL 34135	≣Remove
			□Change
MGR	EDWIN R RAMIREZ	10113 SANDY HOLLOW LN APT 502	<b>=</b> Add
		BONITA SPRINGS, FL 34135	□Remove
		<del></del>	□Change
			□Add
			□Remove
	<del></del>		□Add
			□ Remove
			Change
			□Remove
	<del></del>		□Add
			□Remove
			□ Change

ii aillellu	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	<del></del>
-	
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	•
	<del></del>
Note: If	e 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
rd is filed	
Dated	Signature of a member or authorized representative of a member
	C.R.C.
	Signature of a member or authorized representative of a member
	EDWIN R RAMIREZ
	Typed or printed name of signee

TW E CAE