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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 VECTOR MECHANICAL CONCEPTS LLC

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ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION OF

VECTOR MECHANICAL CONCEPTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/09/24 and assigned Florida document number L24000074313 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: \bigcirc New Registered Office Address: Enter Florida street address , Florida

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Schwager	7901 4th St N STE 300	🖺 Add
		St. Petersburg, FL 33702	□Remove
		·	Change
			□Add
			□Remove
			Change
			□Add
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			Chara

 		
	he date of filing:	90 days after filing.) Pursuant to 605.0207
	Department of State's records.	ments, this date will not be fisted as
ecord specifies a delayed effectis filed.	tive date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
nted April 16	2024	
	Rotan Joney	
	Signature of a member or authorized representative of a men	nher
	- G	moci

Filing Fee: \$25.00