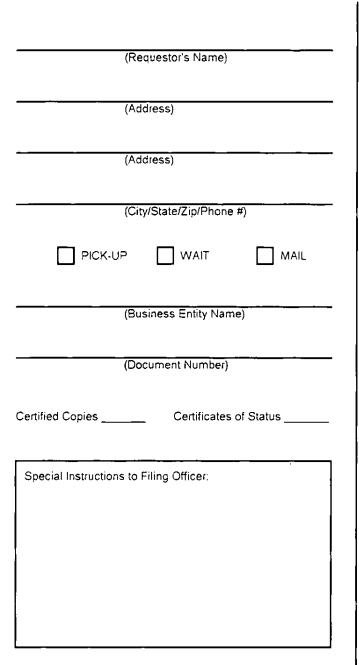
## L24000 102 783

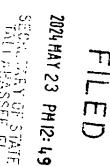


Office Use Only



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## **COVER LETTER**

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	Registration Se Division of Cor			
CHID IE	Co. days	TRICAL- MAINTENACE SE	RVICES	
SUBJEC	-1:	Name of Limited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LUIS E PRADO		
			Name of Person	
			Firm/Company	<del></del>
		838 TWIN LAKES DR.		
			Address	
		CORAL SPRINGS FL 330		<del></del>
		MTORRES@ACCOHEAR	City/State and Zip Code T.COM	
		E-mail address: (	to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
MARIA	M M. TORRES		954 9676545 at ( )	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
Division of Corporations		Division of Co	Division of Corporations	
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I. & B ELETRICAL- MAINTENACE SERVICES		<u> </u>
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L24000102783</u>	erc filed on 02/28/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
L & B ELECTRICAL MAINTENANCE SERVICES L.LC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>2024</b>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter th	PH C STATE Of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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

_,	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	tive date, if other than the date of filing: (optional)
(If an e <u>Note</u>	ffective 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): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco	ord 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 filed.
	03/14/2024
Dated	
	Luce E. Ree
	Signature of a member or authorized representative of a member
	LUIS E PRADO

Typed or printed name of signee