624000/91557

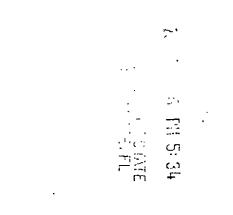
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COVER LETTER

TO:	Registration Sec Division of Corp		<i>;</i>	
etin ti	OAK ELEC	CTRIC LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		RODOLFO DELGADO C	UEVAS	
		-	Name of Person	
		OAK ELECTRIC LLC		
			Firm/Company	
		9645 BAYMEADOWS RI	D. Apt 897	: }
		-	Address	
		JACKSONVILLE, FL 322	256	
			City/State and Zip Code	
		RODOLFODC94@GMAIL	COM to be used for future annual report notification)	PH 5: 35
For fur	ther information ec	oncerning this matter, please co	·	- H 30
	LFO DELGADO	-		
	—. Name of		816 6653605 at () Area Code Daytime Telephon	- North an
	Name of	reison	Area Code Daytime Telephon	ie Number
Enclose	ed is a check for th	e following amount:		
≡ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ece

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OAK ELECTRIC LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	filed on 04/24/2024 and assigned
Florida document number <u>L24000191557</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
S&R JAX SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u>-</u>	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	ာ်တွင် တွင်
	35 ATE
	• • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
(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 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>	<u>Address</u>	Type of Action
AMBR	SANDRO HERNANDEZ	9645 BAYMEADOWS RD., Apt 897,	∃ Add
	SANHIESTE BAN	JACKSONVILLE, FL 32256	□Remove
			Change
			□ Add
			□Remove
			□Change
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fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blocument's effective date on the D	lock does not meet the applicable	(optional date of filing or more than 90 days after the statutory filing requirements, this	nal) îling.) Pi date wi	orsuant to 605.020 If not be listed a
2 data 511 mile 2	opartment of state 3 records.			
ecord specifies a delayed effective is filed.	e date, but not an effective time.	, at 12:01 a.m. on the earlier of: (b)	The 9	0th day after th
July 23rd ted	2024			
	Ω			
	h	ed representative of a member		