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To:

Division of Corporations Fax Number : (858)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : [2009000008] : (307)200-2803 Phone : (813)436-5206 Fax Number

> \*\*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 SOUTH FLORIDA LOW VOLTAGE LLC

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420S 8 S YAM T. LEMIEUX 5/27/2024 09:35:45 P.OT , To: 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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South Florida Low Voltage LLC				es.
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our re	ecords.)		
(A Fronta Ennica E	aounty Company)			
The Articles of Organization for this Limited Liability Company	were filed on 04/29/24			and assigned
Florida document number L24000198447				_
riorida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
	•			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company " the designation :	"LLC" or	the abbrevi	ation "L.L.C."
The field falls of the field of the second o	, and the segment	2		•
Enter new principal offices address, if applicable:				<del> </del>
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			-33	282
				至一
B. If amending the registered agent and/or registered office a	ddress on our records, e	nter the	name of	the new registered
agent and/or the new registered office address here:	· <del>-</del>			28
				2 - M
Name of New Bouletored Accepts			÷	유 프 D
Name of New Registered Agent:	<del></del>	<del></del>	<u> </u>	<u></u>
New Registered Office Address:				22 2
	Enter Florida street a	ddress		₹ <b>TI</b>
		Florid	la.	

## 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.

Cuy

Zip Code

To: 18506176383

Page, 3/4

Fax: 8134365206

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	<u>Address</u>	Type of Action
MGR	SOUTH FLORIDA LOW VOLTAGE	9410 LIVE OAK PL APT 307	□Add
		DAVIE, FL 33324	
AMBR	SOUTH FLORIDA LOW VOLTAGE	9410 LIVE OAK PL APT 307	🗀 Add
		DAVIE, FL 33324	<b>⊡</b> Remove
			□Change
AMBR	Zachary Kavalauskas	9410 LIVE OAK PL APT 307	<b> ⊘</b> Add
		DAVIE, FL 33324	□Remove
			∏Change
			□Add
		***************************************	□Remove
			□Add
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			Change

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ffective date, if other than an effective date is listed, the date ofe: If the date inserted in the ocument's effective date on the	must be specific and cannot lis block does not meet the	be prior to date of applicable state	filing or more than	90 days after filing.) Pu	rsuant to 605,0207 (; Enot be listed as th
record specifies a delayed effi is filed.	ective date, but not an effe	ective time, at 12	:01 a.m. on the e	arlier of: (b) The 90	th day after the
ated May 27	2024				
		Enry year			

Filing Fee: \$25.00

Typed or printed name of signee